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Some Factors Relating to Contraceptive use among Patients Reporting to SOBA UNIVERSITY HOSPITAL (31.7.2002-31.10.2002)

Thesis Submitted for partial fulfillment of Clinical M.D in Obstetrics and gynaecology

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قال تعالى :

(وقل ربي زدني علماً)

صدق الله العظيم

To the soul of my father

To all members of my family

To my wife

To those who share with me the struggle

Acknowledgement

I owe a great debt of gratitude to my supervisor Professor Abdelsalm Gerais who guided the study through its different stages.

My thanks also to all those who have given me their time to supply valuable help, they principally include Dr. Nadia Ahmed, Dr. Tamador Mohammed, Dr. Sally Amin

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Abstract

This is a prospective descriptive cross- sectional study, conducted to know the socioeconomic and demographic characteristics of F.P acceptors, their past medical history, convictions and fears reasons at Soba Family Planning Clinic (31.7.2002 – 31.10.2002).

A total number of 165 patients were covered by the study. Detailed questionnaire designed for this purpose. The data was analyzed manually.

About 56.36% of the patients fell on age group (20-29) years, 60% were from central tribes. About 81.82% were housewives. The study revealed that 60% of the patients were from rural areas. 56.77% of the patients received primary/ intermediate education. 80% had a family income of less than 600.000 Sudanese Pounds per month. More than half of the patients delivered three to six times (50.92%) and 10.91% delivered more than six times.

The study also revealed that about 76.36% had no past history of medical diseases.

About 65.49% of patients had used contraceptive pills and they preferred to use them again.

About 85.46% had no fears from F. P. Ms. 70.91% were convinced to use F. P. Ms because of social and health reasons.

Pills are more likely to be used by the least educated, and those who live in rural areas in contrast to I. U. D. which are more common among more educated patients.

ملخص الأطروحة

أجريت هذه الدراسة الوصفية لمعرفة الخصائص الاجتماعيـة والاقتـصادية والديموغرافية ، للذين يستخدمون طرق تنظيم الأسرة . وأيضاً لمعرفـة تـاريخهم الطبي وأسباب المخاوف والقناعات .

أجريت هذه الدراسة في عيادة تنظيم الأسرة بمستشفى سوبا الجامعي في الفترة من 2002/7/31م إلى 2002/10/31م .

عدد الحالات التي أجريت عليها هذه الدراسة 165 .

أكثر من نصف عدد المرضى كانت أعمارهم بـين (20 –29) سـنة. 60% منهم ينتمون إلى قبائل وسط السودان ومعظمهم (81.82%) ربات منزل .

الدراسة أيضاً اوضحت أن 60% من المرضى يسكنون مناطق ريفية وحوالي 56.77% تلقوا تعليم ابتدائي ومتوسط .

ويقدر دخل الأسرة الشهري بأقل من ستمائة ألف جنيه في الـشهر لحـوالي 80% من عينة الدراسة .

حوالي 50.92% من المرضى قد أنجبوا من 3 إلى 6 مرات و 10.91% قد أنجبوا أكثر من 6 مرات .

معظم الحالات (76.36%) ليس لها تاريخ طبي مرضي.

معظم المرضى (65.49%) كانوا يـستعلمون حبـوب التنظـيم ويفـضلون استعمالها مرة أخرى . 85.46% من المرضى ليس لديهم مخاوف من طرق تنظـيم الأسرة . 70.91% لديهم القناعة بضرورة تنظيم الأسرة لأسباب اجتماعية وصحية .

وجد أن حبوب منع الحمل هي الأكثر استعمالاً بواسطة المرضى الأقل درجة في المستوى التعليمي . واللولب أكثر استعمالاً عند المرضى الأعلـى درجـة فـي المستوى التعليمي .

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Abbreviations

F. P	: Family Planning
F. P. Ms	:Family Planning Methods
I. U. D	: Intrauterine contraceptive Device
C.O.C	:Combined oral Contraceptive
H.I .V	: Human Immuno deficiency Virus
P.I.D.	: Pelvic Inflammatory Disease
S .T. I	: Sexually Transmitted Infections
F.R	: Failure Rate
P.O.P	: Progesterone Only Pills

Contents

Introduction

F. P. defined by W.H.O. expert committee (1970) as a practices that help individuals and couples, to attend certain objectives;

- Avoid unwanted birth.
- Bring out wanted birth.
- Regulate the interval between pregnancies.
- Control the time at which births occur in relation to age of parent; and ,
- Determine the number of children to be brought in the family.

World wide, as many as 600 million people use contraception and million more would do so with better access to good- quality services, Although fertility levels are falling in much of the world, rapid population growth remains a critical issue in most developing countries , where needs are great and resources are scarce.

Benefits of F. P.

F. p. benefits individuals and countries in many ways. Among the most important ways are these:

1- Saving women's lives. Avoiding unintended pregnancies could prevent about one –fourth of all maternal deaths in developing countries. Using contraception helps to avoid unsafe abortions to end unintended pregnancies it also enables women to limit births to their Healthiest child bearing years and to avoid giving birth more times than is good for their health.

2- Saving children's lives. Spacing pregnancies at least 2 Years part helps women have healthier children and improves the odds of infants survival by about 50 %.

Limiting births to a woman healthier child bearing years , also improves her children's chances of surviving and remaining healthy.

3- Offering women more choices. For many women , controlling their own child bearing, by using effective contraception , can open the door to education, employment, and community involvement. Also, couples who have fewer children are more likely to send their daughters as well as sons to school.

4- Encouraging adoption of safer sexual behavior. All sexually active people need to protect against sexually transmitted infections including HIV/AIDS. Always using condoms correctly or avoiding sex except in a mutually monogamous relationship are the best ways . with enough support family planning programs – along with parents, schools and peers could help more young people make sexual decision responsibly , avoiding S.T. I , and intended pregnancies.

Benefits of slower population growth.

As more people choose F. P., fertility falls and population growth slows. Although fertility has fallen throughout the world, further declines would make a crucial difference in many developing countries. World population has reached 6 billion and is growing by nearly 80 million people each year.

Slower population growth helps protect the environment, it conserves resources , preserves clean air and water, improves health,

eases pressures on cities and helps avoid conflict, aids slow population growth development, it buys time and , with more of the population in their productive years , provides demographic bonus that can be invested in education, job creation, health care and other efforts to raise living standards .

The sooner fertility falls to low levels, the better most countries will be able to achieve sustainable development. Even small declines in fertility today will make a substantial difference in population size in the future (1)

F. P. methods :

1- oral contraception
2- Injectable
3- I . U. D.
4- . condom.
5- Diaphragm
6- Spermicides.
7- Female sterilization
8- withdrawal.
9- Rhythm.
10- Vasectomy
10- Abstinence.

COC pillis the most commonly used methods of contraception with condoms a close second.

No method of contraception is completely effective and F.R. for most reversible methods are strongly influenced by compliance (2)

Sterilization is the most popular form of contraception among couples of reproductive age in Western countries (3).

The characteristics of the ideal contraceptive are:

- Highly effective
- No side effects
- In dependent of intercourse.

- Rapidly reversible.
- Cheap.
- Wide spread availability.
- Acceptable to all cultures and religions.
- Administration by health care personnel not required.
- Easily distributed (4) .

Literature review

Globally, at least 585.000 women die each year from the complication of pregnancy and childbirth. Almost 90% of these deaths occur in developing world mostly in Africa and Asia. More than 70% of all maternal deaths are due to 5 major complications:

1- Haemorrhage.
2- Infections.
3- Hypertensive disorders of pregnancy.
4- Abortion.
5- Obstructed labour.

The majority of maternal deaths, 6 1% occur in the post partum period, and more than half of this takes place within the day of delivery.

Beside mortality, about 40% of pregnant women in developing countries experience pregnancy related health problems during or after pregnancy and child birth, with 15% suffering serious or long term. Complications. Those pregnancy – related disorders includes ; anaemia, uterine prolapse, obstetric fistula and PID.

Together with maternal morbidity and mortality, neonates also face birth and pregnancy related problems that many end in death or permanent morbidity. It is estimated that 3% of children born in developing countries develop birth asphyxia requiring resuscitation.

Underlying medical causes of maternal deaths and disability are a range of social, economic and cultural factors that contribute to women's health and nutrition status before, during and after pregnancy. Those factors are integrally linked to women's low utilization of available resources including health services. Efforts to address those factors out side the health sector are also important for improving and

sustaining maternal and perinatal health on the long term. F.P mean deciding when is the right time to have children, and what is the appropriate number of children for a couple to have. The right time to have children is:

1- When a woman is between 20 –30 years old.

2- When a woman has not been pregnant for the last 2-3 years.

3- When a woman has no illness that would place herself or her baby in danger.

4- When the couple wants to have a baby.

If the above factors are not satisfied, then woman, her baby, and her pregnancy are at risk because

- There are more chances for the pregnancy to end in abortion or miscarriage.
- The woman is more likely to become anaemic and malnourished she is prone to develop obstetrical complications as prolonged labuour and haemorrhage as well as gynecological problems such as uterine prolapse ; and
- The baby has more chances of being born premature or with low birth weight. The incidence of still births and fetal death will be higher. Women who would be at risk when they become pregnant should be encouraged to parctice family planning.

Every clinic and home visit provide an opportunity to encourage people to practice family planning.

Premarital counseling sessions, or prenatal, postpartum, or post abortion visits are also good opportunities. (17,23,33)

A comparative study of socioeconomic and demographic determinant of fertility in Togo and Uganda concluded that, fertility differentials in sub-Saharan African countries have generally been attributed to variations in proximate variables such as age at marriage, sterility, duration of breast feeding and practice of sexual abstinence.

Some socioeconomic and demographic factors have strong effect on fertility, they found substantial delay in first birth among women younger than 25, those living in urban areas and those educated beyond the primary level they found the similar associations in timing of subsequent births.

Women's education and place of residence had relatively greater effect in Togo than Uganda in determining the timing and tempo of births (5)

A dynamics study done in Egypt concluded that the pill is more likely to be used by the least educated, and those in rural with the lowest access to family planning services, in contrast IUD are more common among more educated women who are exposed to the mass media.

Condom segments are more likely among older women , those living in urban areas. It is utilized more by those with no living sons at first use.

Periodic abstinence is used by a fairly homogenous group , those educated , older who have correct knowledge about the ovulatory cycle. (6).

A study done in Thailand in 1987 concerning demographic and health survey showed that socioeconomic difference in contraception use as measured by Urban – Rural residence and education , are

minimal among Thai. - speaking Buddhist , who constitute the vast majority of the population. Prevalence levels are distinctly lower only among a few religiolinguistic minorities especially Muslims in the south but also hill tribes in the north. (7)

Family planning and contraceptive study done in Iran 1967 – 1992 concluded that with the Islamic revolution 1979. However, the F.P program slowed down and came to complete halt for about 8 years. But in 1989, the alarming results of the 1986 census, which were well publicized in 1988 galvanized the government into creating another family planning program has been growing in political , ideological and economic support ever since.

A number of factors account for the relative success of the new family planning program in the Islamic Republic of Iran which is demonstrated by increases in contraceptive knowledge and use revealed in surveys to the family , society and religious ideology have implications for other Islamic countries (8)

Islamic perception and family planning: the perception of Jordanian Religious leaders and their constituents a study done by Carol , Underwood concluded that in sum, the findings reported here contradicted the notion that Muslim religious leaders are more resistant to F.P. than is the community in which they live .

As Islamic texts are widely interpreted to support F.P. it has been traditional ways of life- Rather than religious tenets – around which barriers to contraceptive use have been constructed (11)

Regarding the fears of contraceptive acceptors a study was done in Mexico showed misunderstanding leads to low use of contraception among rural Mexican women, one third of the women mentioned that their husbands had negative attitudes toward birth control. Men's

disapproval centered around the belief that fertility control might under mine a husband's authority and increase the autonomy of the wife, also they have fears that the women might die from the side effects of contraceptive methods.

Pressure from mothers-in-law to produce as many children as "God sends" also contribute to the disapproval of contraception.
Despite these reservations , however, 46 % of the women thought their husbands would approve of their use of a methods.(9)

A study about preferences for contraceptive attributes done in Mexico by Sandra . G. and R. Snow. Showed that regular monthly bleeding , a lack of side effects and effectiveness were the most important considerations determining the popularity of methods , with effectiveness being the most desired attribute so the methods believed to pose the greater danger to women health were the most popular methods in this study the pill, injectables and the IUD , these contrasting findings raise two points. In folch –lyon questionnaire, respondents were asked to rank lack of danger to health and effectiveness in importance , participants is cited nervousness , malformed babies and cancer. In study conducted after that (1994) bleeding problems and irregularities were among the least tolerable side effects, and amenorrhea was the least acceptable of all. Amenorrhea was also the primary reason for method discontinuation a study conducted among rural women in six Mexican states in the mid-1980.(10)

Misconceptions about birth control methods:

1- Using artificial control methods can lead to permanent infertility

Responses:

Only the surgical methods are considered permanent.

2- Hormonal methods cause cancer.

Responses:

Studies do not show that protection against endomestrium has been demonstrated.

3- Hormonal methods can cause woman to become either obese or very thin.

Responses:

A small degree of water retention may be experienced which will cause a slight increase in weight but obesity or thinness cannot be attributed to hormonal methods.

4- The pill causes congenital abnormalities in children conceive after stopping it.

Response:

The hormone excreted from the body within 24 hrs if has permanent effect on the women or her future children.

5- The IUD can leave the uterus and travel around the body.

Response:

IUD can't travel around the body or leave the uterus except through the vagina very rarely, perforation of the uterus happens during insertion, in which case the IUD should be removed by a trained person.

6- The condom cannot serve as protection against HIV infecton (AIDS), because the virus can pass through it.

Response:

The HIV and even the much smaller hepatitis virus cannot pass through latex condoms.

Factors that should be considered in method selection :

1- The age of the woman.

2- The woman's reproduction stage.

3- The effectiveness of a method.

4- The woman's health status.

5- And personal considerations.

The age of the women:

No method is best for all women, nor is any method best for a woman through her reproductive life.

The hormonal methods are not very appropriate for a women 17 years old and below or whose menstrual cycle is not fully established yet because they might interfer with her sexual development.

The combined oral contraceptive increases the risk of hypertension in women over 35 years old.

IUD is not appropriate for women 17 years old and below or those who have not yet born a child. The uterus is still small and incertion may lead to trauma.

The less appropriate methods can be used if there are factors that contra indicate the more appropriate methods. (12,22).

Age 19 and below:

1- Most Appropriate : 1\ condom 2\ abstinence

2- Appropriate:

1\Vaginal methods. 2\ COC pills. 3\ Mini pills.

4\ Emergency contraceptive.

3- Least Appropriate :

1\ Injectable . 2\ Implant. 3\ Natural methods.

Not appropriate :

1\ Surgical. 2\ IUD.

20-30Years old :

1- Most appropriate :

Be faithful plus a method for spacing.

2- Appropriate :

All methods are appropriate but degree of appropriateness will depend more on the women's reproductive stage.

36 and above:

1- Most appropriate :

1\ Surgical. 2\ implant. 3\ Injectable. 4\ Be faithful.

2- Appropriate:

1\ IUD 2\ minipill 3\ condom 4\ vaginal methods. 5\ Emergency contraceptive pills.

3- Least Appropriate :

1\ combined oral contraceptive. 2\ Natural.

The women's reproductive stage:

1- If menstruation is not yet full established.

1- most appropriate is condom

2- Appropriate.

1\ Vaginal methods. 2\ Combined oral contraceptive. 3\ Mini pill.

3- Least appropriate

1\ Implant. 2\ Injectable

4-Not Appropriate:

1\ Surgical methods. 2\ IUD. 3\ Natural methods.

2- To delay first child :

1- Appropriate : 1\ COC. 2\ Implant. 3\ Condom. 4\ Vaginal methods.

5\ Injectable. 6/ Mini pill 7\ Natural methods.

2- Least appropriate :

1\ IUD.

Not Appropriate: 1\ Surgical methods

3- To space children.

1-appropriate

1\ IUD 2\ Implant. 3\ COC. 4\ Injectable 5\ Condom

6\ Minipill 7\ Vaginal method. 8\ Natural method.

1- Not Appropriate:

Surgical methods.

4- Breast feeding :

1- most appropriate.

1\ implant. 2\ injectable. 3\ IUD. 4-\ minipill.

2- Appropriate :

1\. Condom. 2\ vaginal methods. 3\ natural methods. 4\ surgical.

3- Least appropriate combined oral contraceptive.

5-Has the desired number of children :

1- most appropriate:

1\ surgical method 2\ implant . 3\ injectable 4\ IUD.

2- Appropriate :

1\ Condom. 2\ COC.

3- Least Appropriate :

1\ Mini pill 2\ vaginal methods 3\ natural methods.

6- Nearing menopause :

1- most appropriate :

1\ condom. 2\ vaginal methods.

1- Appropriate :

1\ Implant. 2\ Injectable. 3\ IUD.

2- Least appropriate

mini pill.

The effectiveness of a method:

Some methods are user- dependent, such as vaginal methods (sponge , diaphragm, cervical cap and spermicide) , the natural methods and oral contraceptive. Their effectiveness depends on how well the client follows the instruction for use. For example, using the contraceptive pill requires diligence. If a woman takes it regularly, then it is very effective. If, however, she often forgets to take it according to schedule. Then it is likely to fail.

The user – dependent methods are much less effective than methods which are not user- dependent such as subdermal implant, injectable and IUD. (20)

The women Health status :

The presence of any illness in women should be considered when selecting a contraceptive method.

An anaemic woman benefits from using the combined oral contraceptive, injection or implant as these can reduce menstrual blood flow. The use of an IUDs is not appropriate because these tend to increase menstrual blood flow. Adiabetic woman may increase her risk for cardiovascular complications if she uses COC.

The hormonal methods are contraindicated when the woman has severe liver disease, because these hormones are eliminated through the liver and therefore add to its work load.

Women who suffer from heart failure, kidney disease, severe liver disease, cancer or hypertension require highly effective contraception to ensure that any do not become pregnant. (15)

Personal consideration :

A couple that lives apart for long periods needs temporary methods, such as the oral contraception condom or vaginal methods.

A couple that is prone to sexually transmitted diseases will benefit from the hormonal methods or condom, but should not use IUD. (13)

Ensure that clients use an appropriate method by:

1. History takings:

Age – occupation – menstrual and reproductive history – past medical or surgical history – current disease.

If the client intends to use hormonal method, ask specifically for history for jaundice or liver disease, heart disease, breast mass, hypertension and abnormal genital bleeding.

If the client intends to use an IUD, ask for history of ectopic pregnancy, genital infections and abnormal uterine bleeding.

2. Physical examination:-

BP – weight – paller – Jaundice – breast – lumps – varicose veins. Pelvic examination – Papsmear (For women who intend to use an COC).(23)

Family Planning Methods

1- Hormonal methods

A- combined oral contraceptives:

Action : stops ovulation and thickens the cervical mucus, which prevents sperm from entering the uterus. It contains estrogens and progestin.

Advantages :

- highly effective.
- Reduces dysmenorrhea and menstrual blood loss therefore can reduce or prevent anaemia.
- Protects against endometriosis, endometrial cancer, pelvic inflammatory disease and ectopic pregnancy.

Disadvantages:

- Not appropriate for women above 35 years age, and those with hypertension or diabetes.
- May reduce the quantity of breast milk.
- Requires daily pill taking
- Return to fertility is slightly delayed.

Contra indications:

Presence of abnormal yellow skin or eyes, varicose veins, breast lumps abnormal genital bleeding, severe headaches, severe chest pain, shortness of breathing, hypertension and diabetes.(25,14)

B- Progestin – only pill:

Action : thickens the cervical mucus. It also prevents ovulation to some extent and causes changes in the uterus fallopian tubes which prevent fertilization.

advantages :

- Effective.
- Doesn't reduce the quantity of breast – milk and is therefore appropriate for breast – feeding women.
- Protects against endometrial cancer. PID.

Disadvantages :

- Require daily pill taking.
- May cause irregular bleeding
- Less effective than the COC.

Contra indications :

Presence of abnormal yellow skin or eyes, breast lumps, abnormal genital bleeding, severe chest pains and shortness of breath after exercise or heavy effort.(26)

C- injectable contraceptive:

Action : Thickens the cervical mucus .Which prevents , sperm from entering the uterus, stops ovulation and causes changes in the uterus and fallopian tubes which prevent fertilization.

Depoprovera which administered every three months and noriskrat which is given every two months.

Advantages:

- Very highly effective
- Does not reduce the quantity of breast – milk and is therefore appropriate for breast – feeding women.
- Protects against endomerial cancer PID.
- Prevent anaemia.

Disadvantages :

- not reversible until the end of the effective period.
- Return to fertility is delayed.
- Require injections.

Contra indications :

Abnormal yellow skin or eyes breast lump, abnormal genital bleeding, severe chest pain, shortness of breath after exercise of heavy effort. (28,29,30)

Subdermal implant (nor plant) :

Action: Thickens the cervical mucus which prevents sperm from entering the uterus, stops ovulation and causes changes in the uterus and fallopian tubes which prevent fertilization.

It contain progestin replace every five years.

Advantages:

- Highly very effective.
- Does not reduce the quantity of breast milk and is therefore appropriate for breast feeding women.
- Can be recommended to women who cannot tolerate the side effects of COC.
- Prevents anaemia.
- Can be removed once the woman wishes to stop using it.
- Return to fertility is immediate upon removal of the implant.

Disadvantages :

- Requires a small incision and local anaesthesia for insertion and removal, which should be done by a trained person.
- Effectiveness drops after 2 years in women over 70kgs.

- Not advisable for short contraception time (one or two years).

Contraindications:

Presence of abnormal yellow skin or eyes, breast lump, abnormal genital bleeding, severe chest pain and shortness of breath after exercise of heavy effort.

IUD:

Actions : inactivates the sperm migration into the female genital tract. The IUD also causes changes in the uterus and fallopian tubes, which prevents fertilization.

Description:

- Small plastic device that comes in different sizes and shapes.
- Insert into the uterus, the copper or progestin content is slowly released.
- IUD life span is one to eight years, depending upon the type being used.

Advantages:

- Very highly effective.
- Easily reversible.
- Does not reduce the quantity of breast milk.
- If there are no side – effects does not require attention for several years.

Disadvantages:

- Not appropriate for women who do not have a child yet, who are prone to genital infections, who have history of ectopic

pregnancy, who have valvular heart disease, who suffer from severe dysmenorrhea or who are anaemic.

- Insertion and removal require a trained person.

Contraindications:

Persons of PID and uterine abnormality. (31,34)

3- Barrier methods:

a- male condom:

Actions blocks the release of sperm into vagina.

The spermicide lubricant also inactivates or kills sperm.

Advantages :

- No systemic side effects.
- Provides protection against STD.
- No medical contra indications

Disadvantages:

- High failure rate.
- May cause allergic reaction.

b- Female condom :

- No side effects.
- Provides protection against sexually transmitted disease including AIDS.
- No medical contra indications.

Disadvantages:

May cause allergic reaction to latex.

c- Diaphragm and cervical cup:

Action: Blocking the entrance of the sperm to the uterus. The spermicide that is used with it also inactivates or kills sperms.

Advantages:

- Appropriate for women who have sexual intercourse infrequently.

Disadvantages:

- High failure rate.
- Not appropriate for the first sexual intercourse , or women who are prone to urinary tract infections.

Contraindications :

Chronic cervicitis and presence of genital abnormalities which may interfer with insertion

d- Spermcides :

Actions : prevent pregnancy by inactivating or killing sperms.

Advantages:

- provide some degree of protection against S.T.D.

Disadvantages: :

- High failure rate.
- May cause genital irritation and or allergic reactions.

3- Natural methods (periodic sexual abstinence):

a) Rhythm (calendar) method:

Action: Abstaining from sexual intercourse during woman's fertile periods.

Disadvantages:

- High failure rate.
- Requires several days of abstinence.
- Not appropriate for women with medical contraindications to pregnancy.
- In appropriate for women with very irregular menstruation.
- Complicated to administer

b) Cervical mucus :

Action: prevents pregnancy through abstaining from sexual intercourse during woman's fertile periods.

Disadvantages:

- High failure rate.
- Requires several days of abstinence.
- Learning how to interpret symptoms of fertility may take several months of practice.
- Physical conditions such as presence of a vaginal infection will interfer with observation of mucus.
- Not appropriate for women with medical contra indications to pregnancy.

c) Basal body temperature :

Advantages:

Enhances communication between the couple.

Disadvantages:

- High failure rate.
- Requires several days for abstinence.
- Learning how to correlate temperature changes with fertility may take several months of practice.
- Physical conditions causing a rise in temperature will interfer with infertility interpretations.
- Not appropriate for women with medical contraindications to pregnancy.

d) Symptothermal method:

Action : prevent fertilization by not allowing sexual intercourse during a woman's fertile periods.(27)

4- Surgical contraception :

a- vasectomy

disadvantages:

Considered permanent as reversal operation is not always successful.

b- Bilateral tubal ligations

Considered permanent as reversal operation is not always successful.(12)

5- Post – coital methods and menstrual regulation :

1- hormonal method :

a- Diethyl stilbesterol (DES) 25mg. Tablet taken twice a day for 5 days or Ethinyl estradiol 2.5mg. tablet taken twice a day for 5 days or conjugated estrogen10 mg. Tablet taken twice a day for 5 days.

These preparations should be started within 72 hours after unprotected intercourse.

b- Two tablets of a high dose oral contraceptive within 72hours after unprotected and repeated 12 hours after

Action in case of fertilization :

This prevents implantation by causing changes in endometrium side-effects :

Headache, nausia, vomiting breast tenderness and irregular bleeding.(24)

2- Post coital IUD insertion within 5days of unprotected mid cycle intercourse.

Actions :

In case of fertilizations this prevents implantation by causing changes in the endometrium

Side effects :

Abdominal cramping and irregular bleeding.(31)

3- Menstrual regulation:

Use different techniques depending upon the length of delay of menstruation.

Action . extraction of the products of conception.

Side effects : Mental depression.(23)

Contraceptive method has non – contraceptive benefits like :

Lower incidence of functional ovarian cysts , lower incidence of ovarian cancer, lower incidence of dysmenorrhea. , lower incidence of premenstrual syndrome, reduced incidence of endometrial cancer, reduced incidence of benign breast disease, Reduced menstrual loss, Reduce incidence of iron deficiency anaemia ,reduced incidence of acute salpingitis, less Rheumatoid arthritis, less ectopic pregnancy, less osteoporosis, reduced sickle cell crises, reduced epileptic seizers, protect against STI HIV/AIDS, and better sexual life. (36)

Objectives

1- To know the socio –economic and demographic characteristics of contraceptive users.
2- To know their past medical history.
3- To known their fears and convictions.
4- To know their preferred method.

Research Methodology

1- Study design :

It is prospective descriptive cross sectional study to know the socioeconomic, medical history, fears and convictions reasons among the couples of F-P. acceptors.

2- study area:

The study was done in S.U.H. at Soba family planning clinic located in the southern part of Khartoum town. The total number of patients who come to the clinic per year is about 960.

3- Sample selection:

All patients presented on each Wednesday to have F. P.Ms. were selected.

Sample size:

A total number of 165 patients

Methods of data collection:

Detailed questionnaire designed for this purpose was used.

The main parameters covered by the questionnaire included :

1- Identification data (personal and social history)
2- Obest. and gyae. history
3- past medical history,
4- Fears and convictions reasons

Data analysis :

The data generated through this methods was analyzed manually. The result given were organized and presented diagrammatically, with frequencies indicated.

Results

The population of the study was 165 patients, 56.36 % fell on age group (2o– 29) years as shown in fig. (1) (mean 27.7 ± 5.25 S.D.) 20 % from Northern tribes, 14.55 % from western , 5.45% Eastern and most of them were from central tribes , as shown in figs (2).

About 81.82 % of the patients were housewives, 12.72 % were government employed, 1.82 % business and 3.64 % were students. fig. (4) showed that 47.27 % of the husbands , were unskilled labours, 21.82 % were government employed , and 25.46% were businessmen.

All the study group were Muslims.

Fig. (6) showed that 40 % were first degree relatives while 49.1% not relatives.

About 60 % were from rural areas, 34.55 % suburban and 5.4 % from urban areas as shown in fig (7).

More than half (56.77 %) of the patients received primary / intermediate education, with the rest had one type or other education. 58.1% of husbands received secondary education as shown in fig. (8)

Fig (10) showed 45.64% had family income. 150.000 – 299.000 Sudanese pounds . per month. 34.55% had 300.000 – 599.000. Sudanese pounds (mean 302.000 ± 52.08.000S.D)

About 50.92 % delivered 3-6 times as shown in fig (11)

fig (12) showed 67.27% had 1-2 living females and 14.55% >2 living females , 69.1 % had 1-2 living male and 16.36 % > 2 living males.

About 29.1 %. Had their first pregnant 10 years ago , 27.27 % had their first pregnancy 3-6 years ago, 5.46% got pregnant in less than one year ago.

Regarding the last pregnancy 3.64% less than two months ago, 9.1% two to six months ago 36.36 % from 7 to 12 months ago, 14.55 % more than two years ago and 36.36% 13- 24 months ago as shown in fig. (14) .

fig (15) showed that the out come of the last pregnancy in which 47.27 % had alive birth male 52.73% had alive birth female.

Regarding the date of the last menstrual period in fig. (16) showed that 45.64 % had a period less than 7 days ago, 27.1% 8 – 15 days ago, 20 % Amernorrhea.

Fig. (17) showed 14.82% had dysmenorrahea.

Regarding the amount of menstrual blood 58.18 % had normal amount , 16.36% had a small amount

5.46% had excessive amount and 20 % had amernorrhea as shown in fig. (18).

Fig (19) showed 65.45 % had regular cycles ,14.55 % had irregular cycles and 20 % had amernorrhea .

Fig (20) showed 76.36% duration of menstrual period of 2 –7 days . 1.82% had periods of more than 7 days ,and 1.82% had periods of less than 2 days.

Fig. (23) showed that ,1.82 % were hypretensive , 3.64 % were diabetics,7.27% had past history of jaundice. ,1.82 % had heart disease ,76.36 % had no past medical history and 9.01 % had history of other diseases.

Fig (21) showed that 85.46 % had no fears ,12.73 % had health related fears and 1.82 % had social fears .

convictions reason .

Fig. (21) showed that 34.55 % had health conviction reasons , 3.64 % had economic conviction reasons ,36.36 % had social conviction reasons and 23.64 % had a health, economic and social reasons.

Fig. (22) showed that 8.55 % did not use any method of F.P. before. ,65.46 % used pills ,7.27 % used injections ,1.82 % used barriers ,10.91 % used I.U.C.D. and 6 % used others

Fig. (22) showed that 7.27 % didn't prefer any method of F.P, 65.46 % preferred pills 14.55 % preferred injections , 1.82 % preferred barriers.

Fig (24) showed that 58.18 % had no complications from the previous use of F. P. Ms 25.45 % had menstrual disturbances ,3.64 % had G.I.T. symptoms and 1.82 % developed headache.

Fig (25) showed that 3.64 % preferred to use certain method because its effective, 34.54 % because its safe, 29.1% said easily used and 32.73 % said that effective , safe , available, easily used and cheap.

Fig. (1) Patients and husbands age group

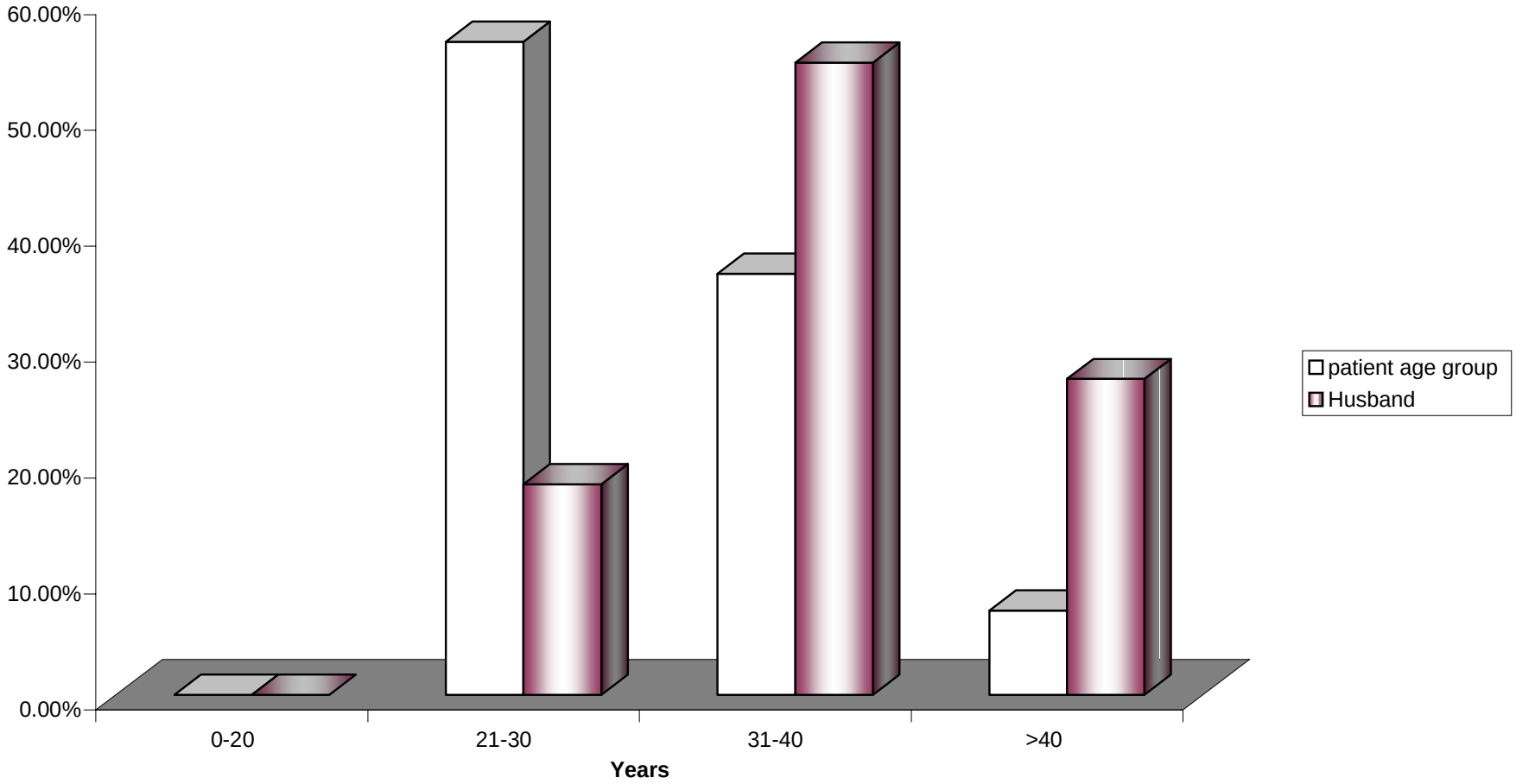


Fig. (2) Patient and husaband tribes

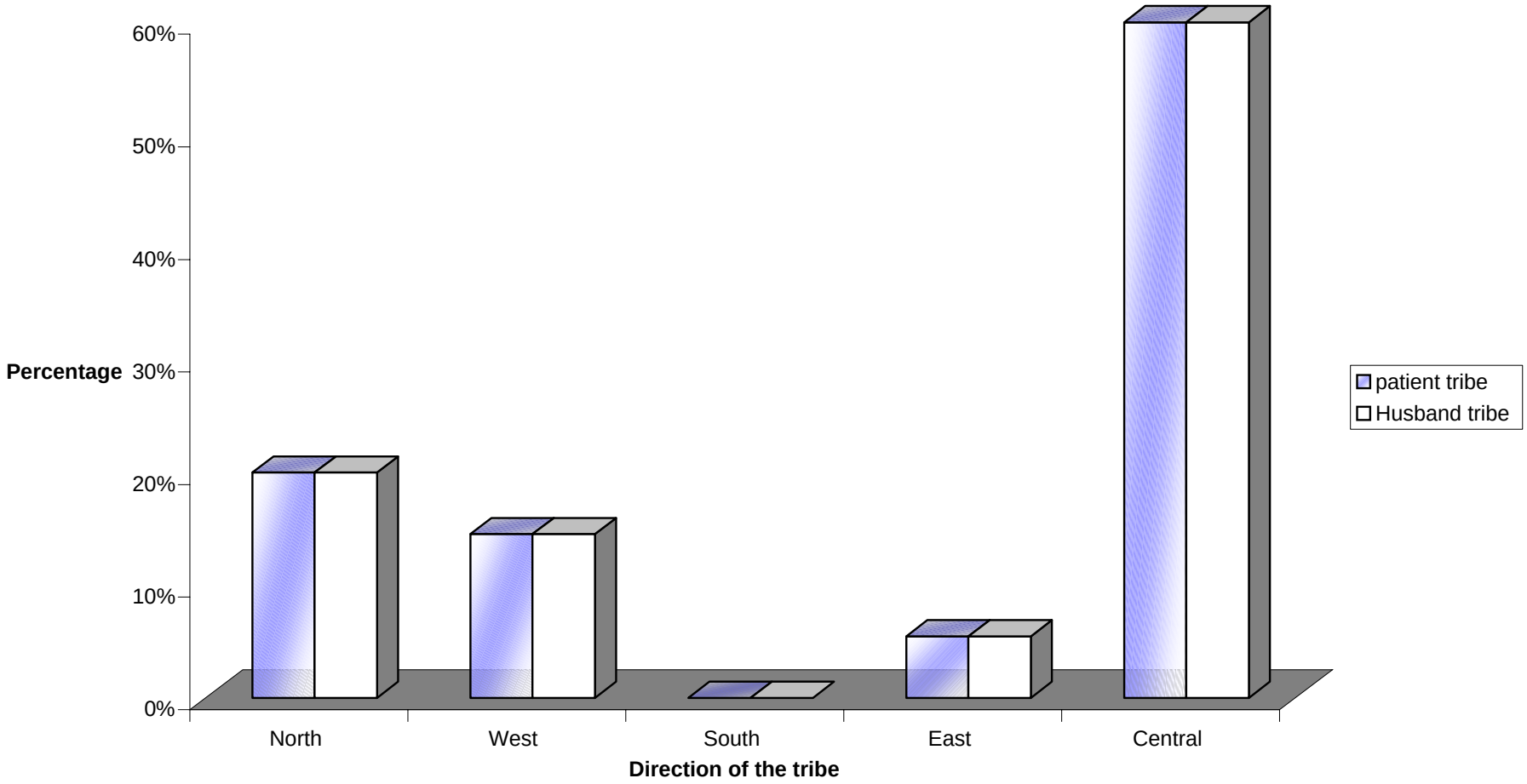


Fig. (3) Patient occupation

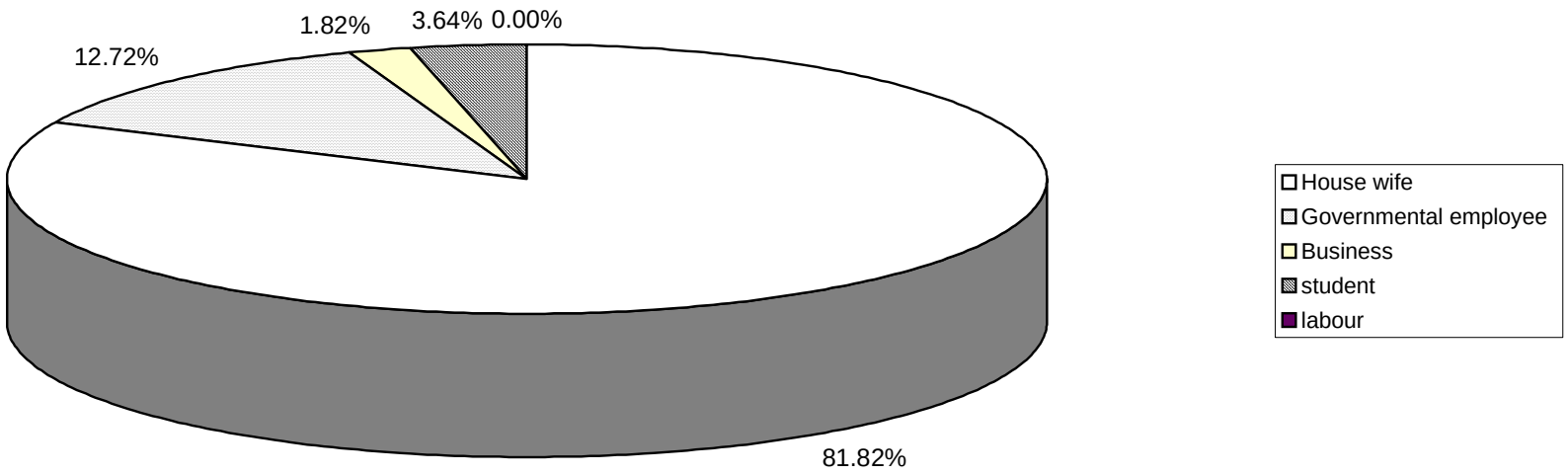


Fig. (4) Husband occupation

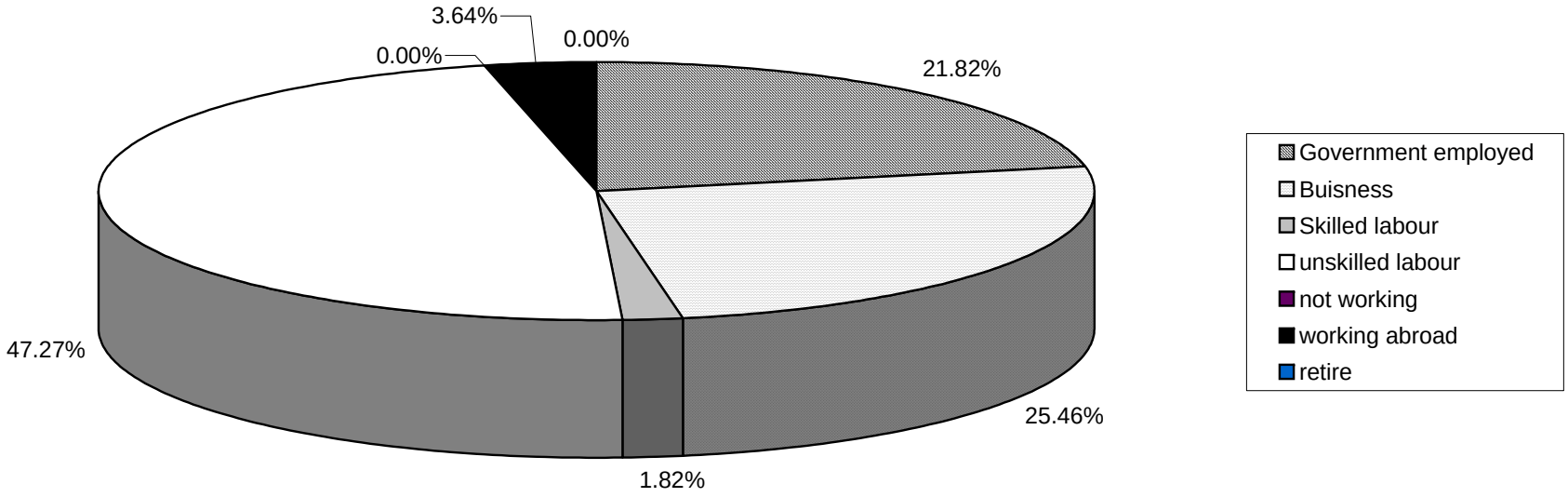


Fig. (5) Religion of the patients and their husbands

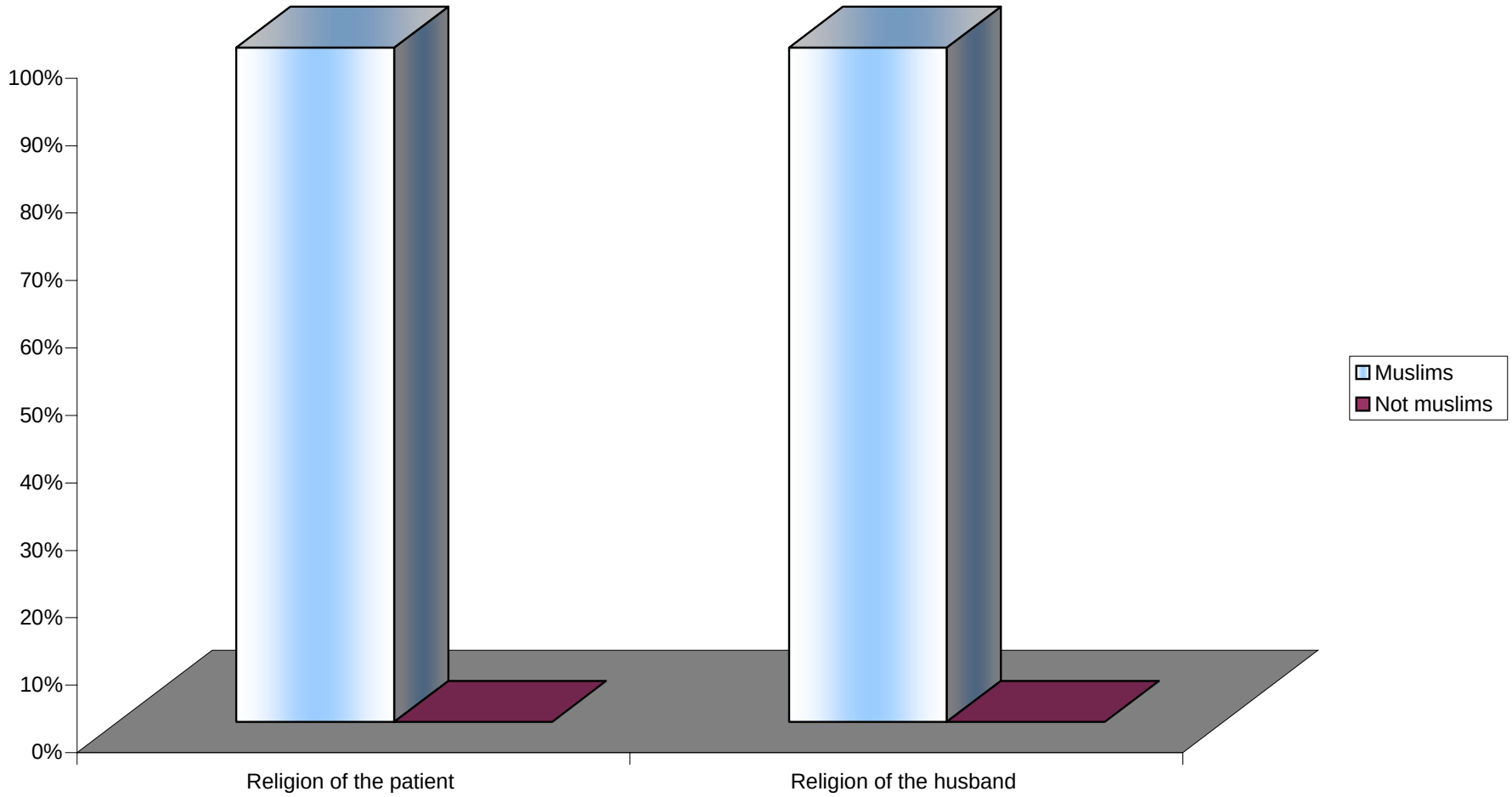


Fig. (6) Consanguinity

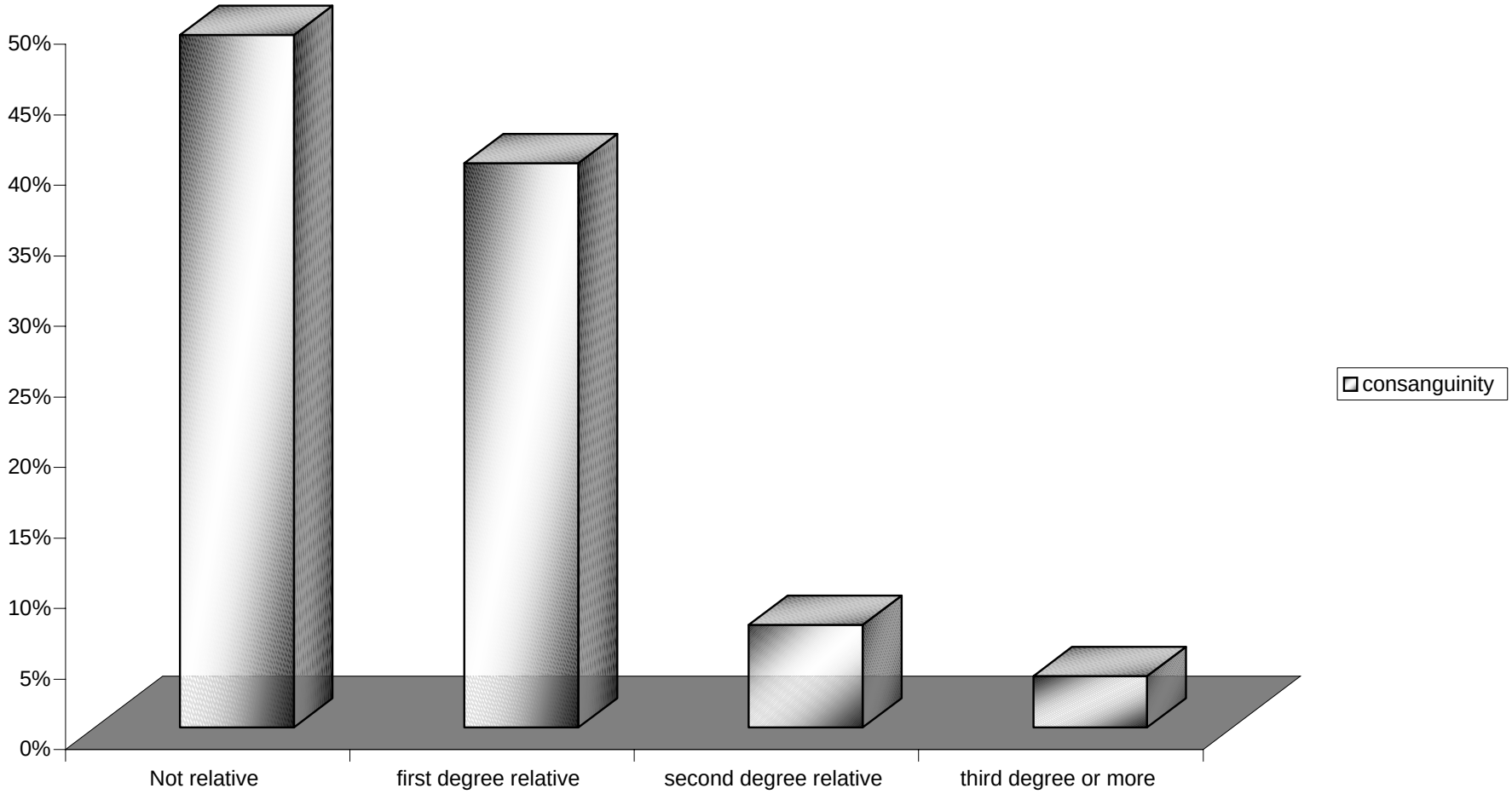


fig. (7) Patients Residence

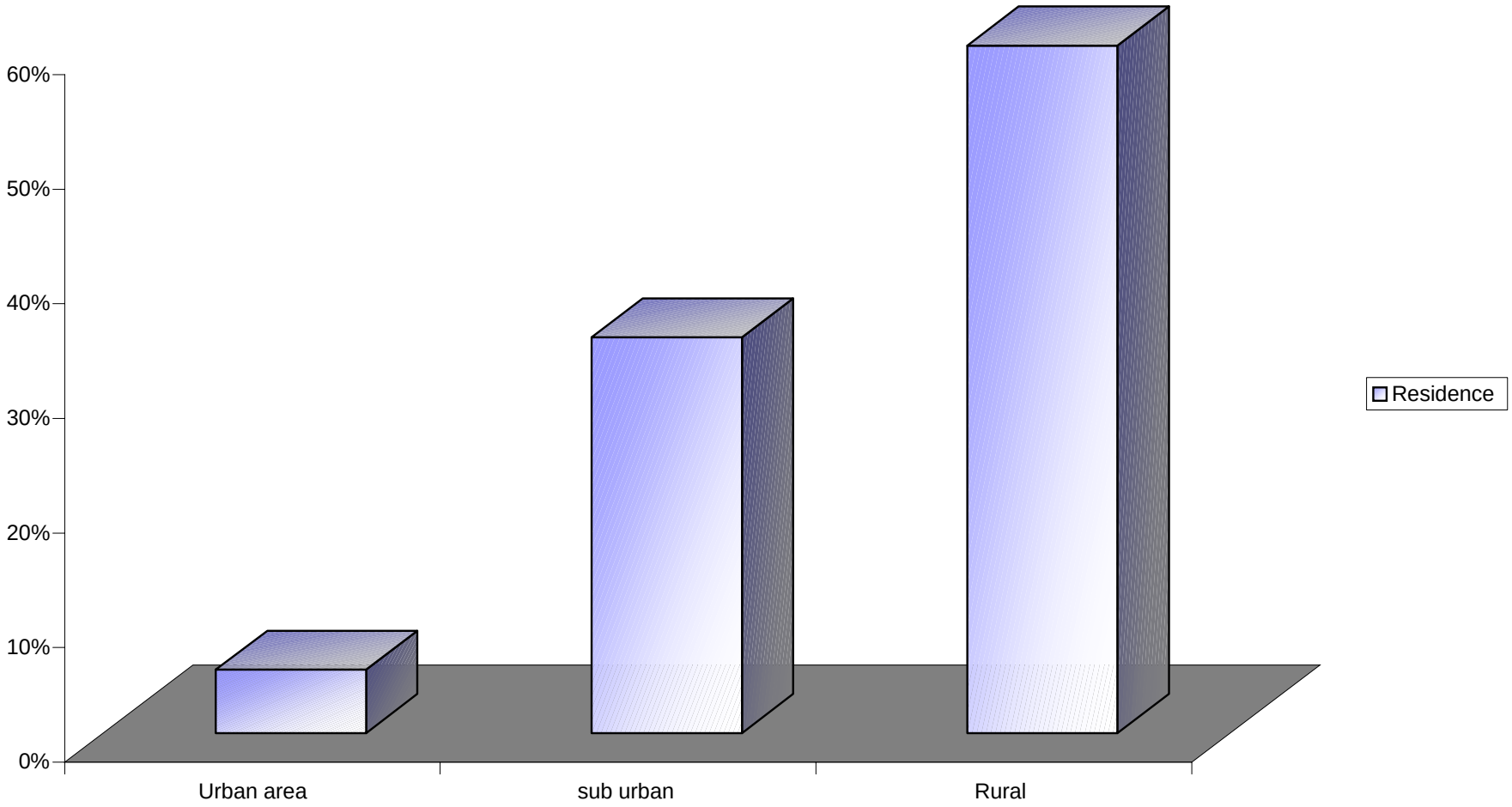


Fig (8) Patient and husband education level

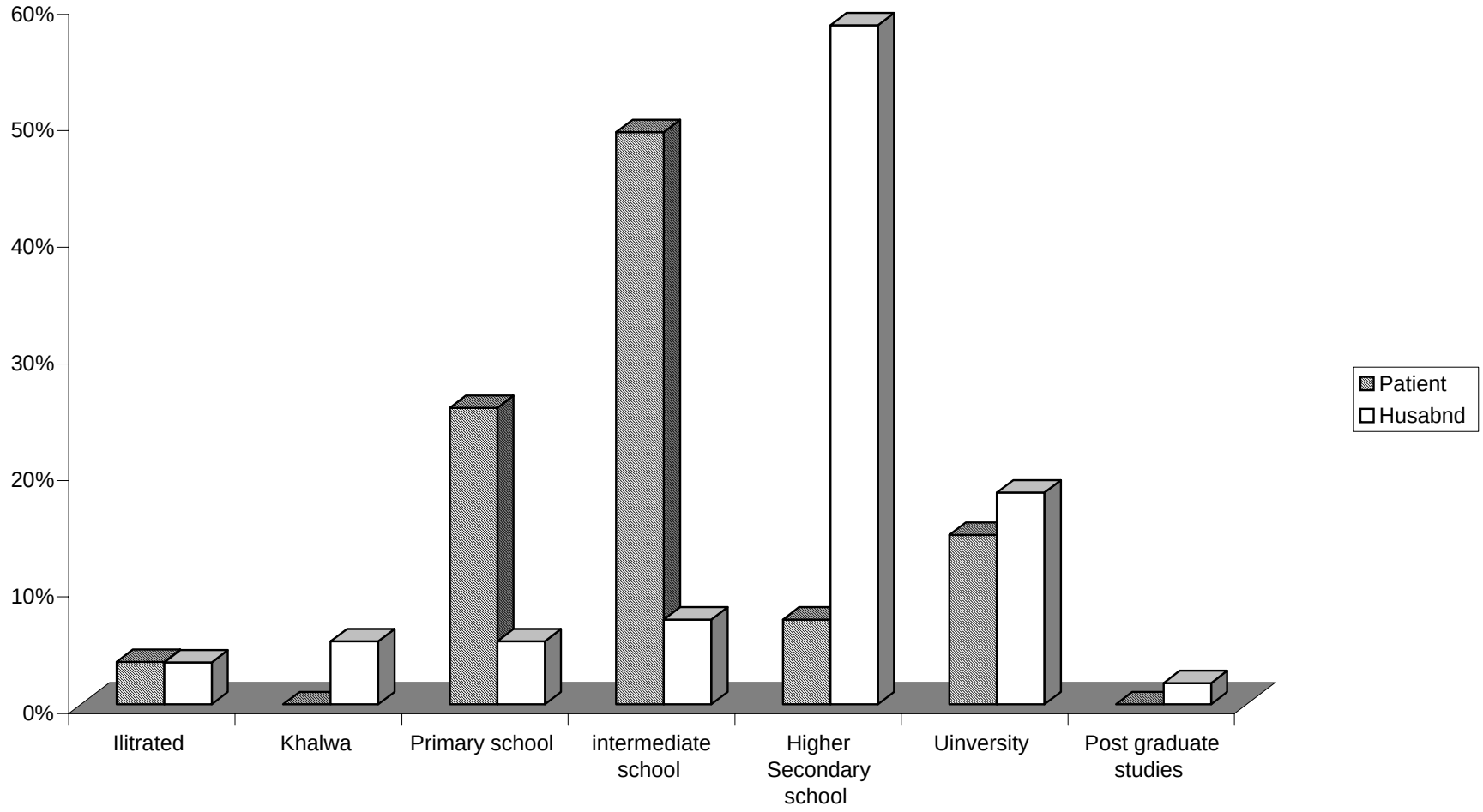


Fig. (9) Duration of marriage

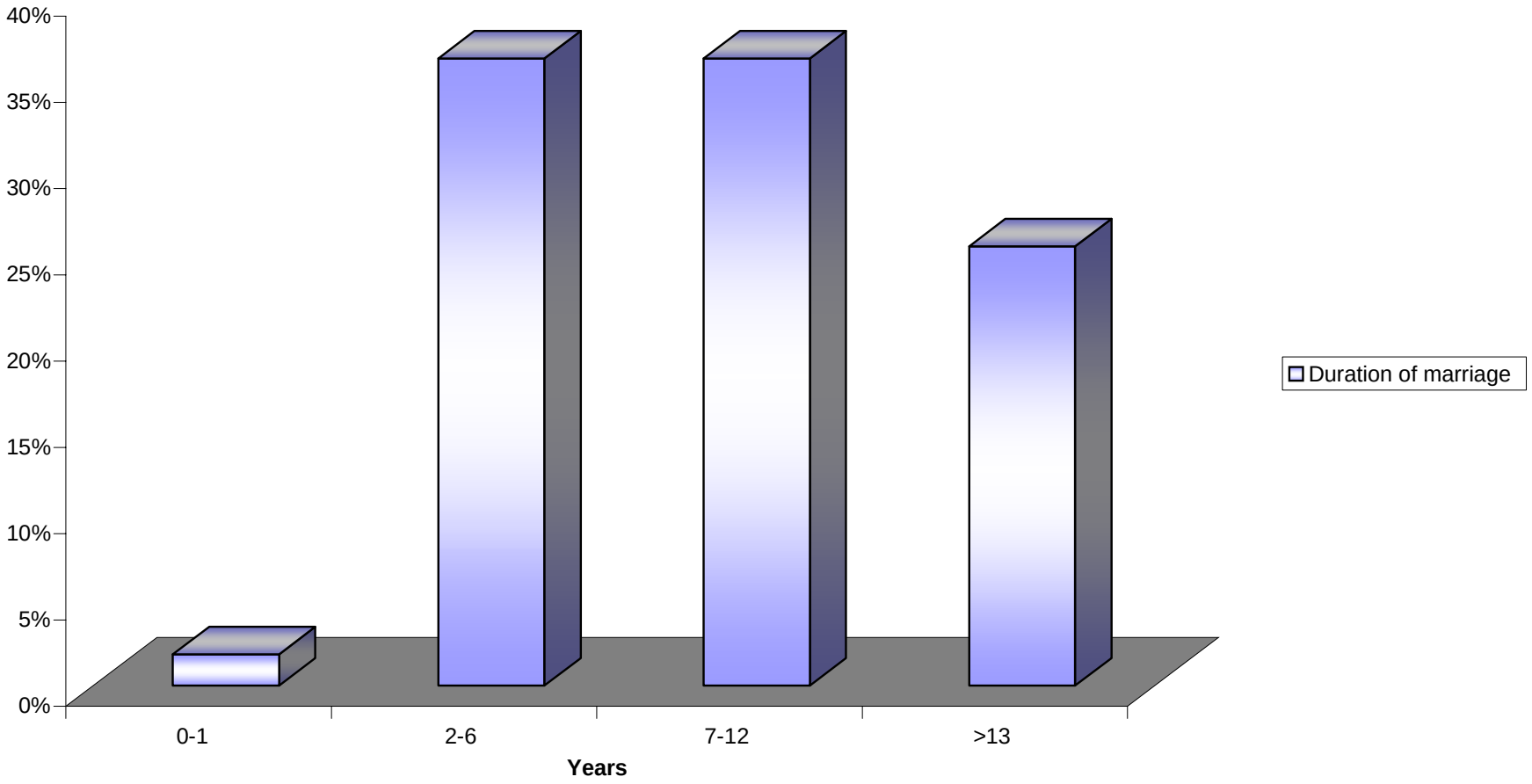


Fig. (10) Family income per month

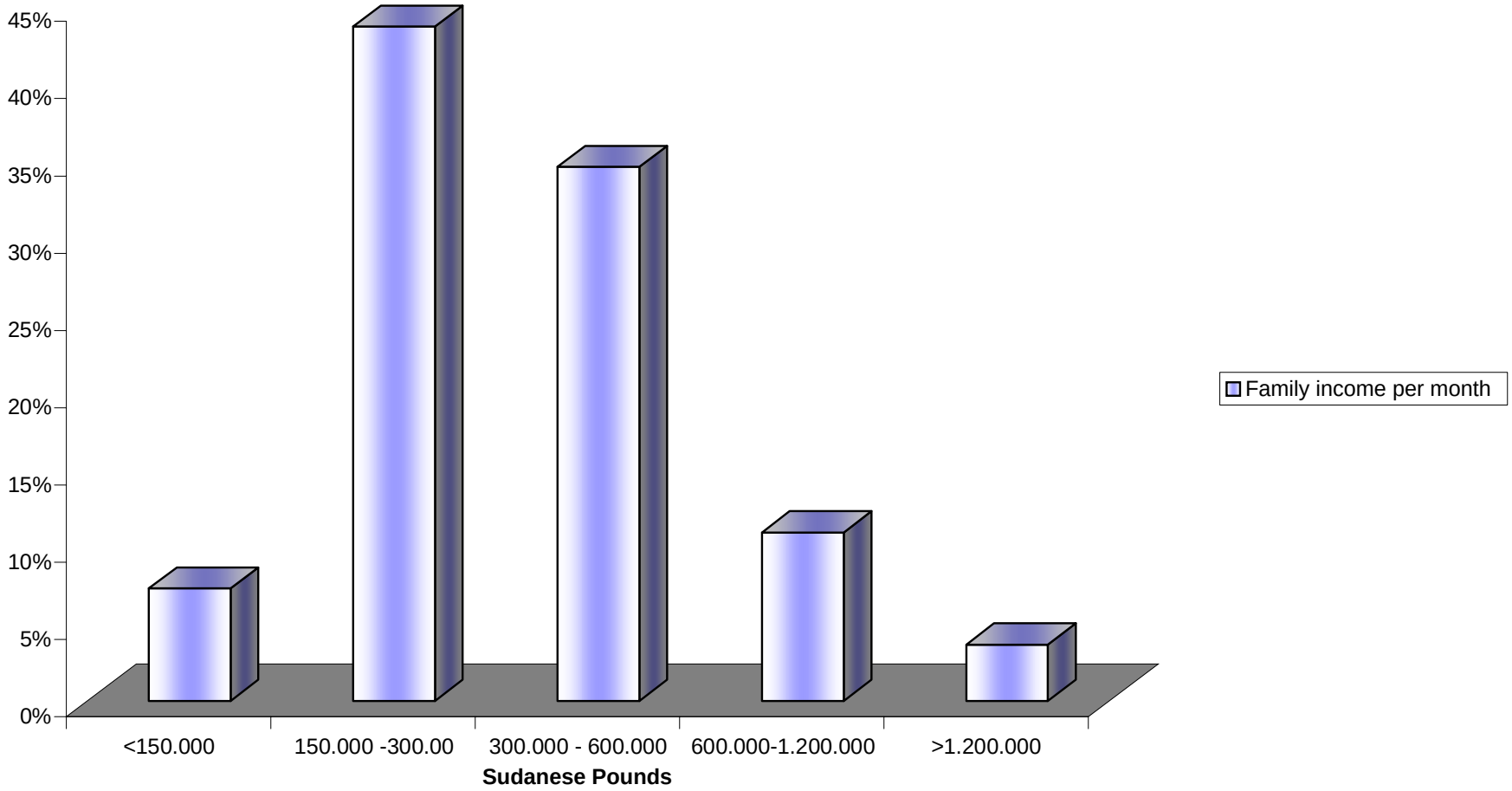


Fig. (11) Patient Gravidity and Parity

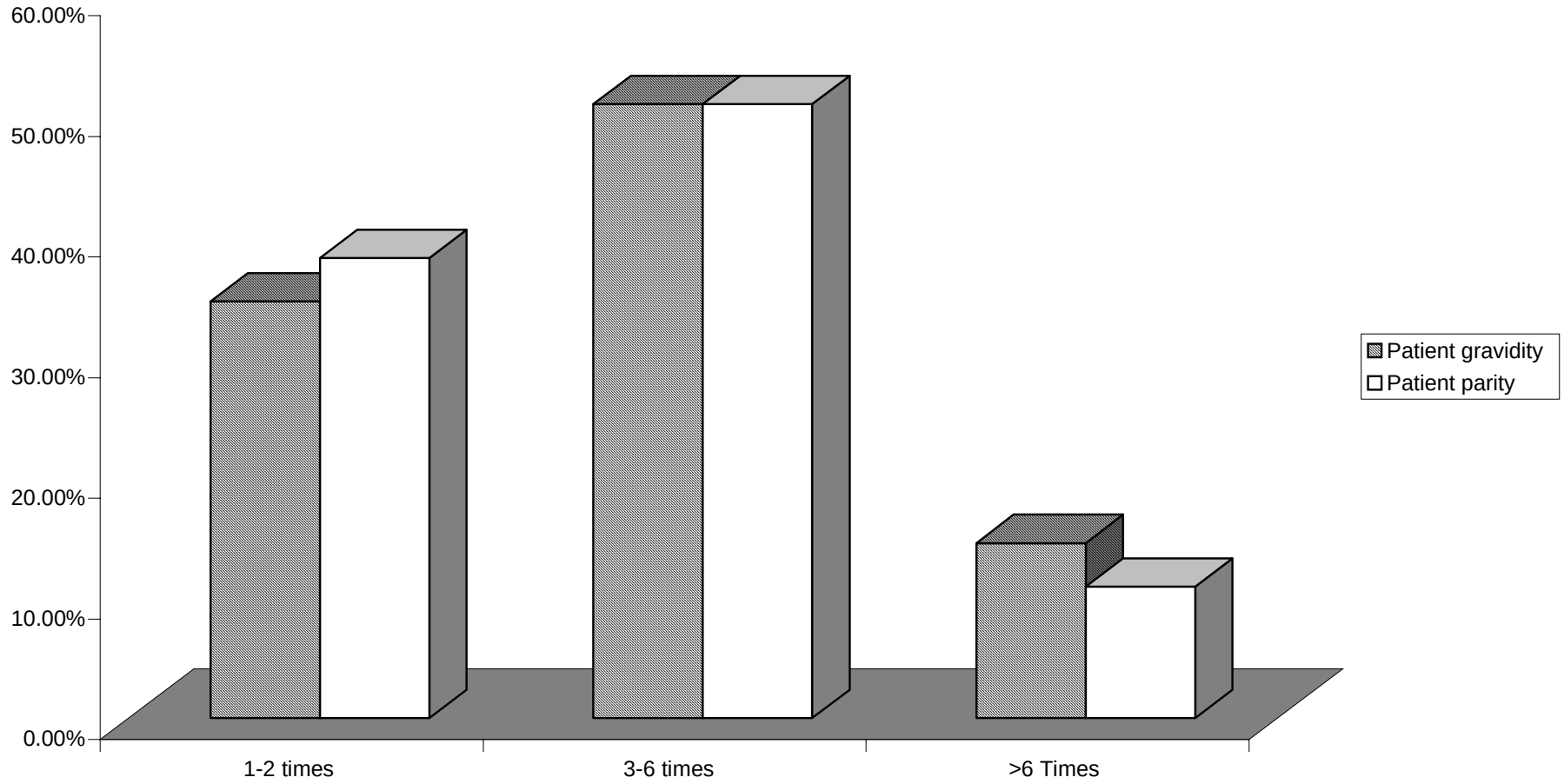


Fig. (12) Percentage of Abortions a live male birth, a live female birth, stil birth, living males and female

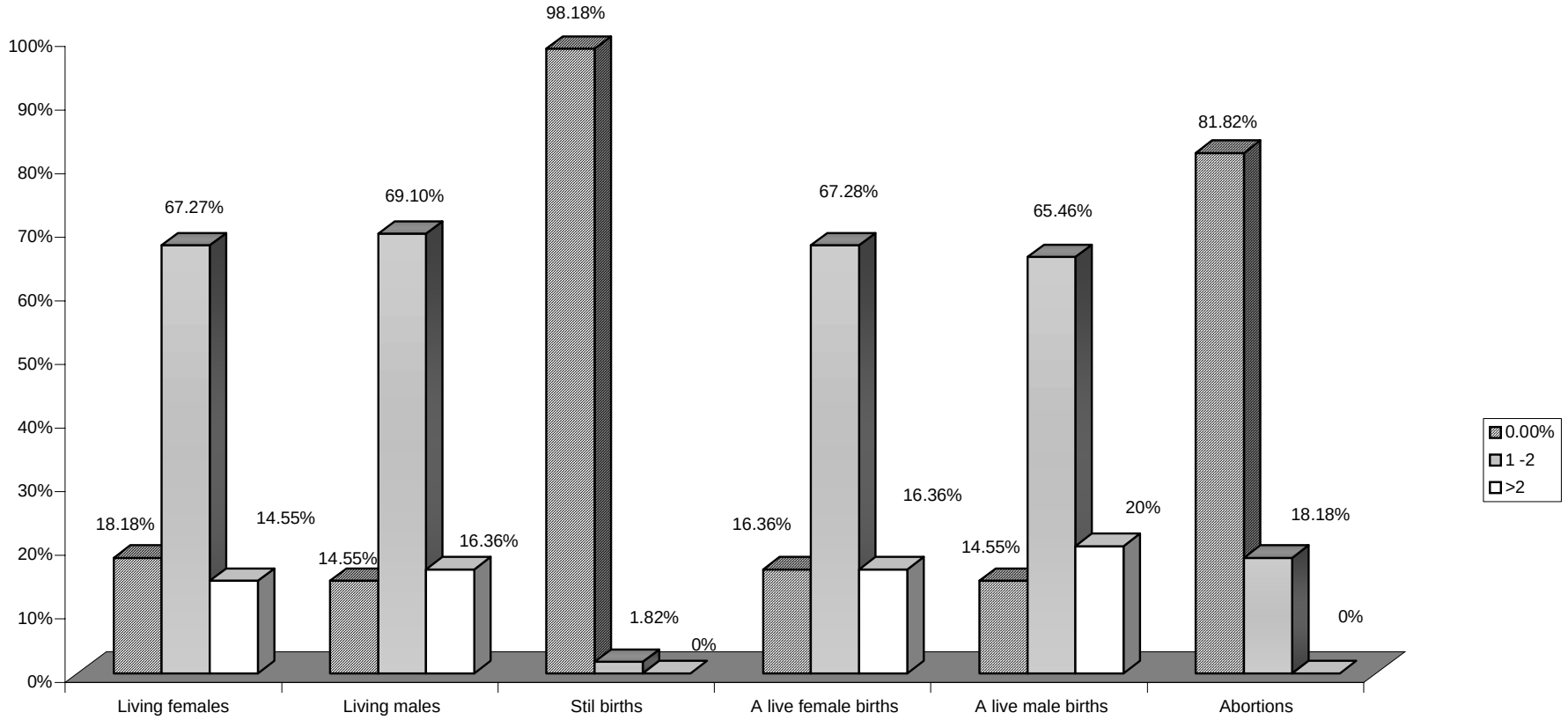


Fig. (13) Date of the first pregnancy

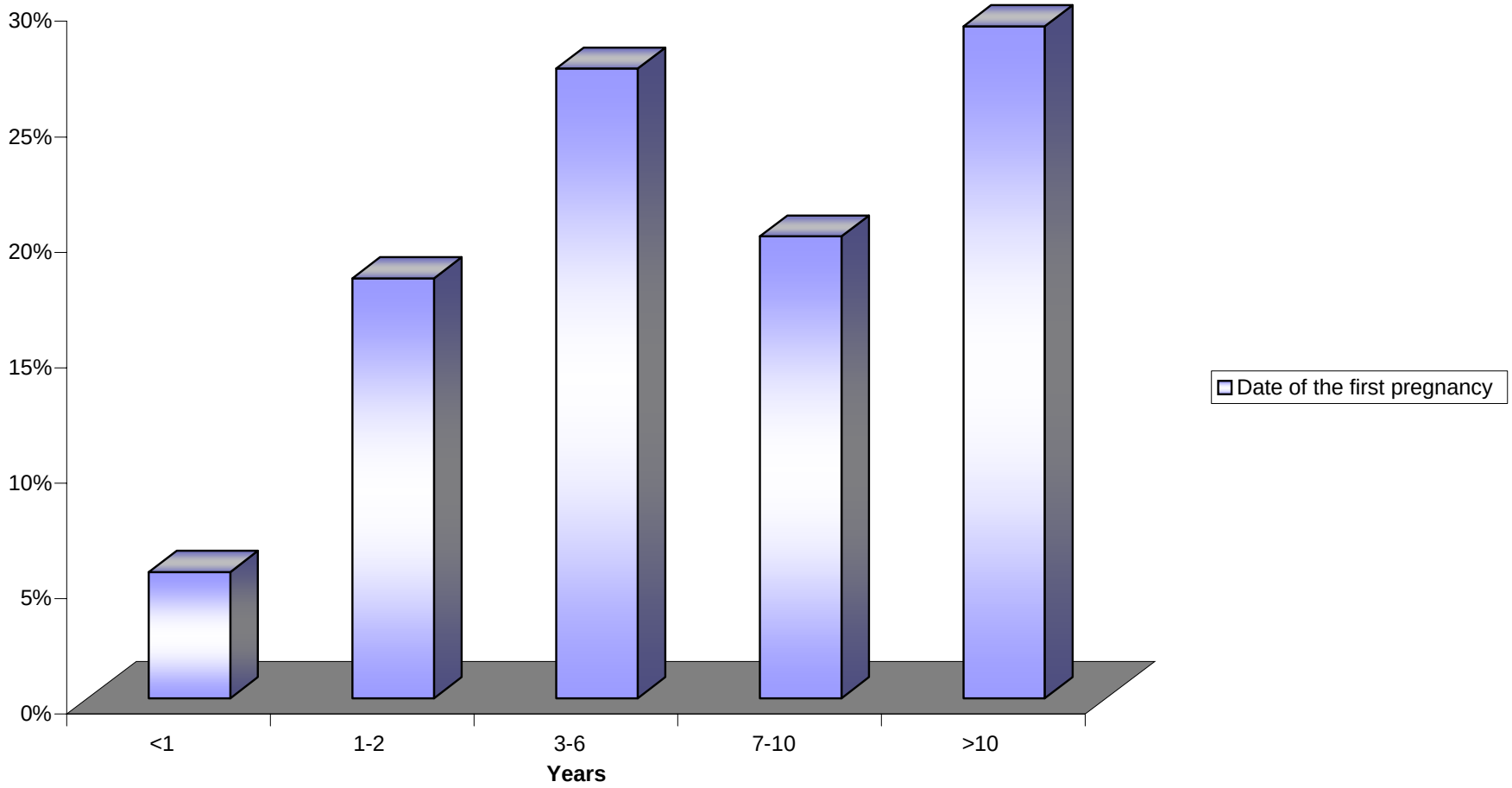


Fig. (14) Dat of the last pregnancy

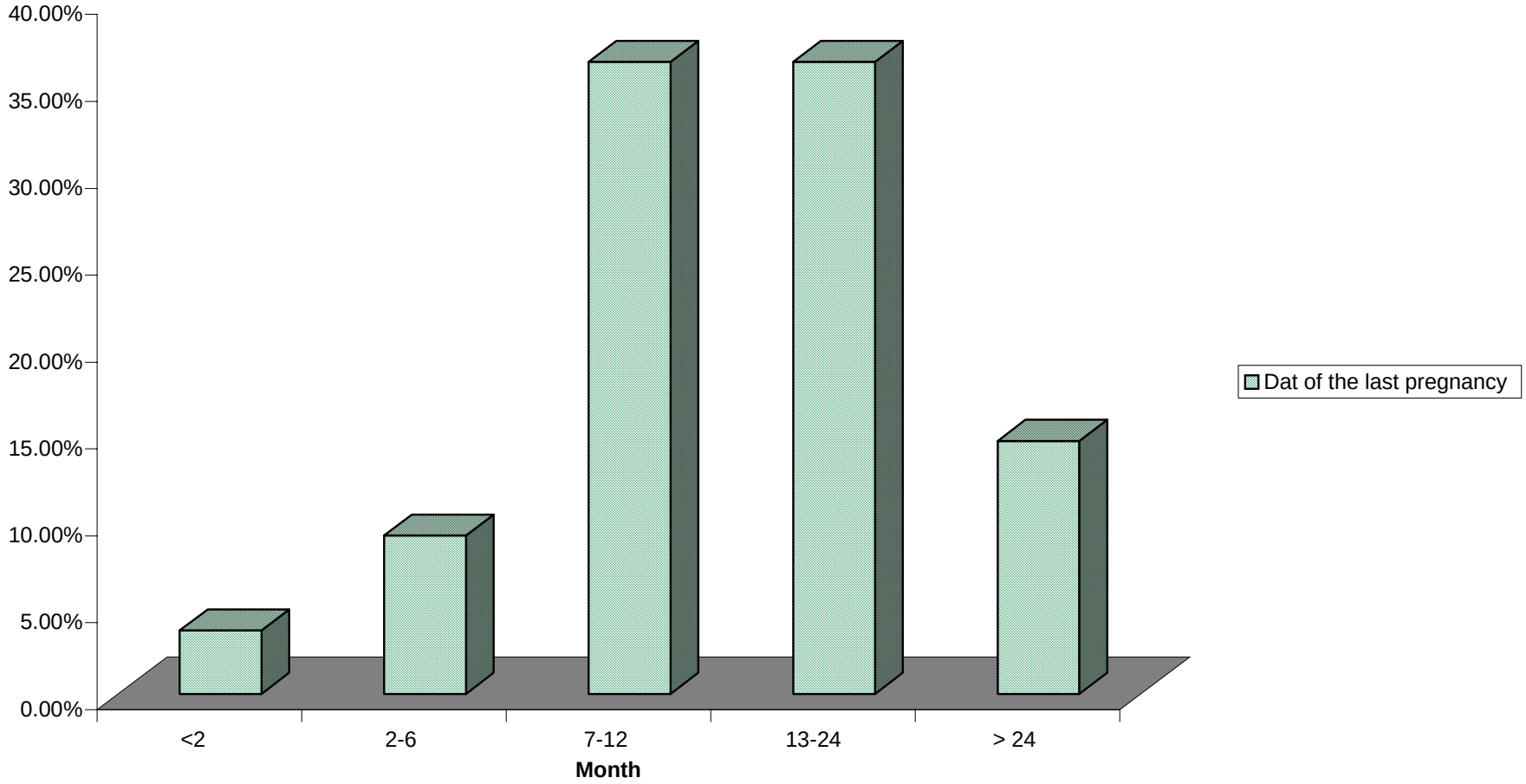


Fig. (15) Outcome of last pregnancy

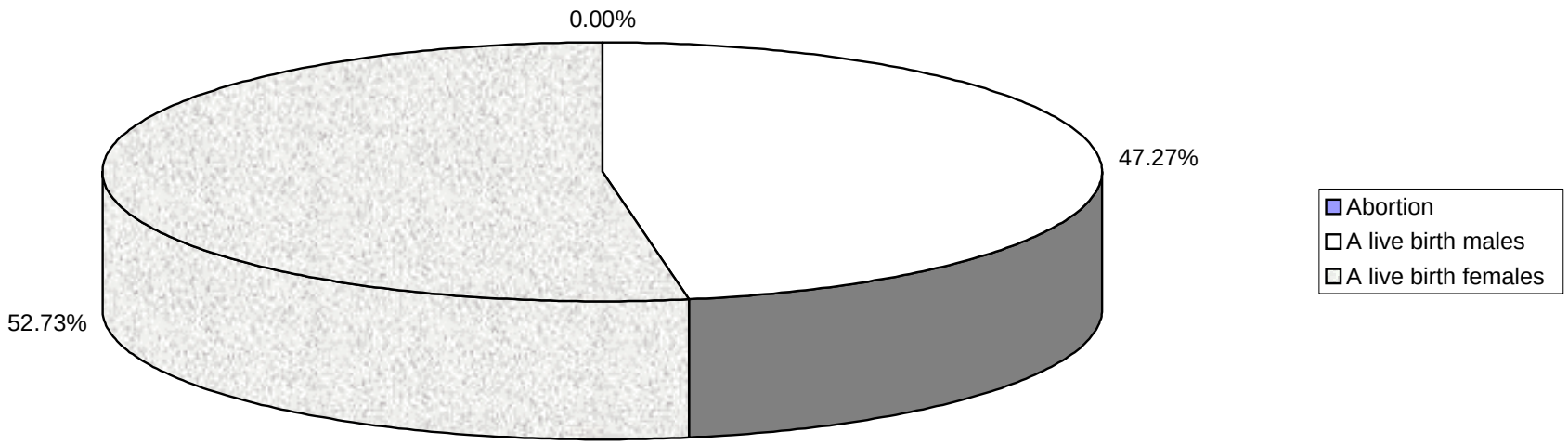


Fig. (16) Date of the last menstrual period

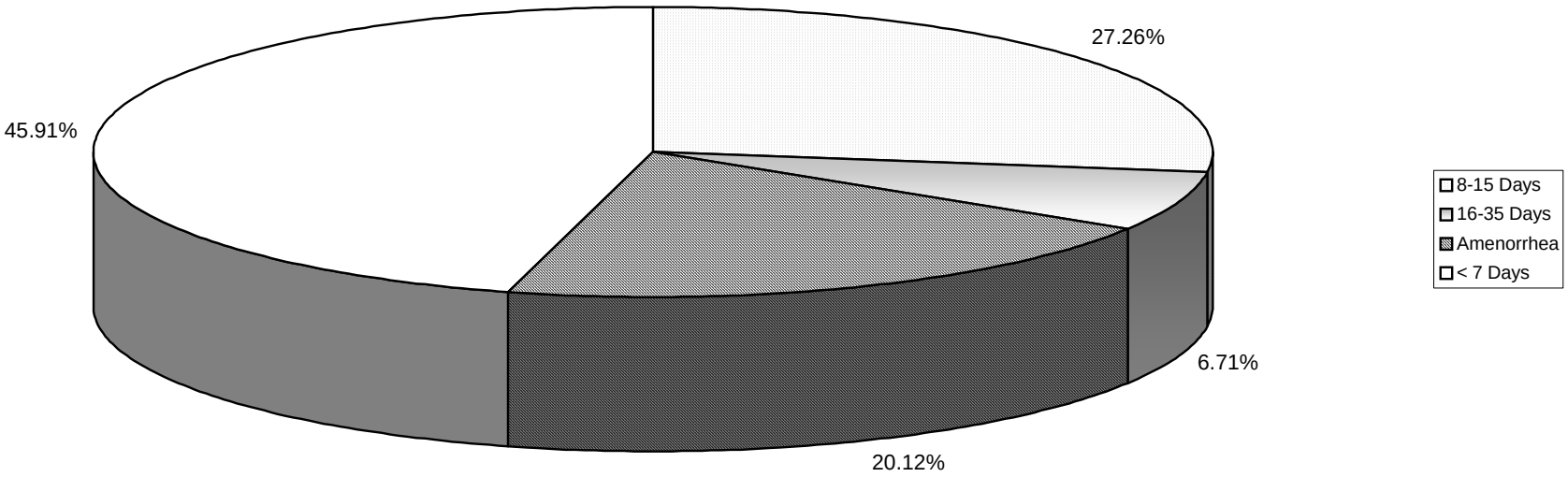


Fig. (17) Patient with painful periods

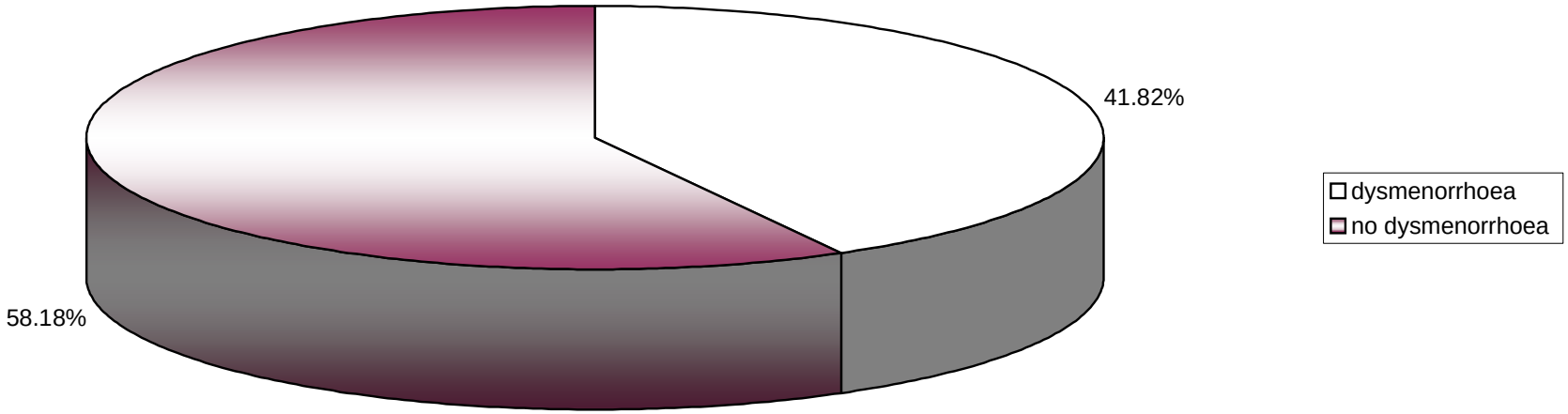


Fig. (18) Amount of Menstrual Blood

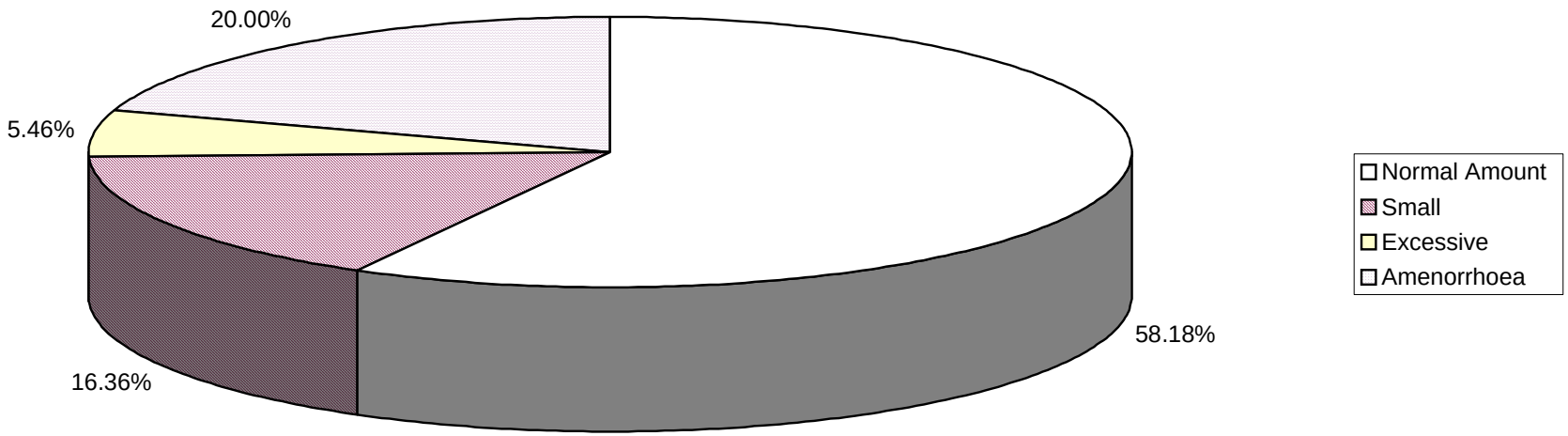


Fig. (19) Regularity of menstrual cycle

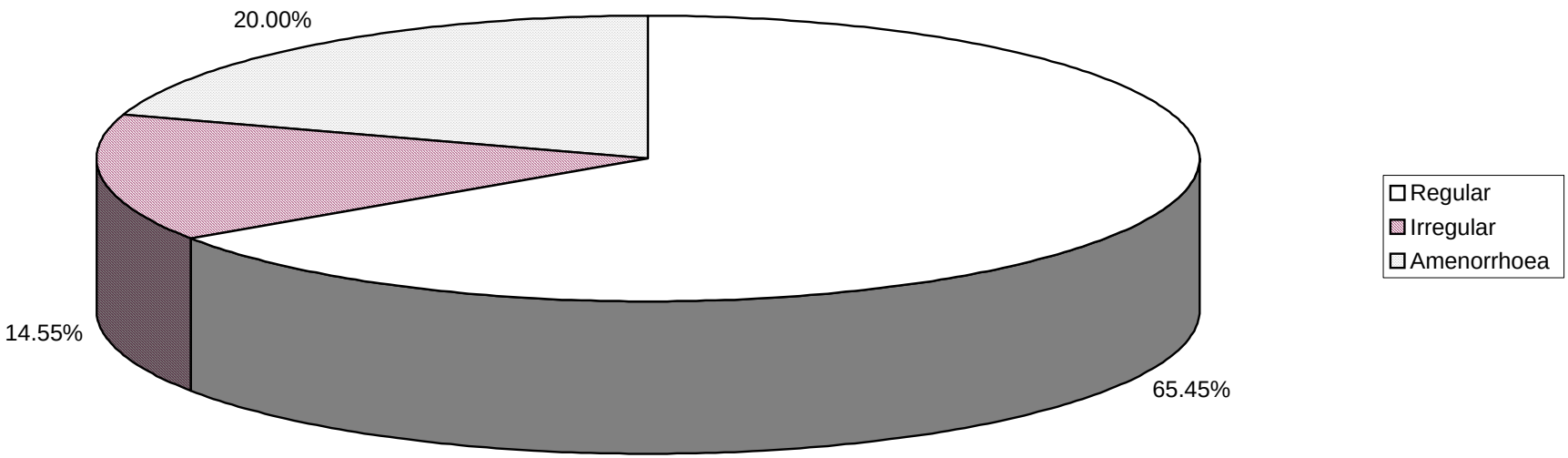


Fig. (20) Duration of menstrual period

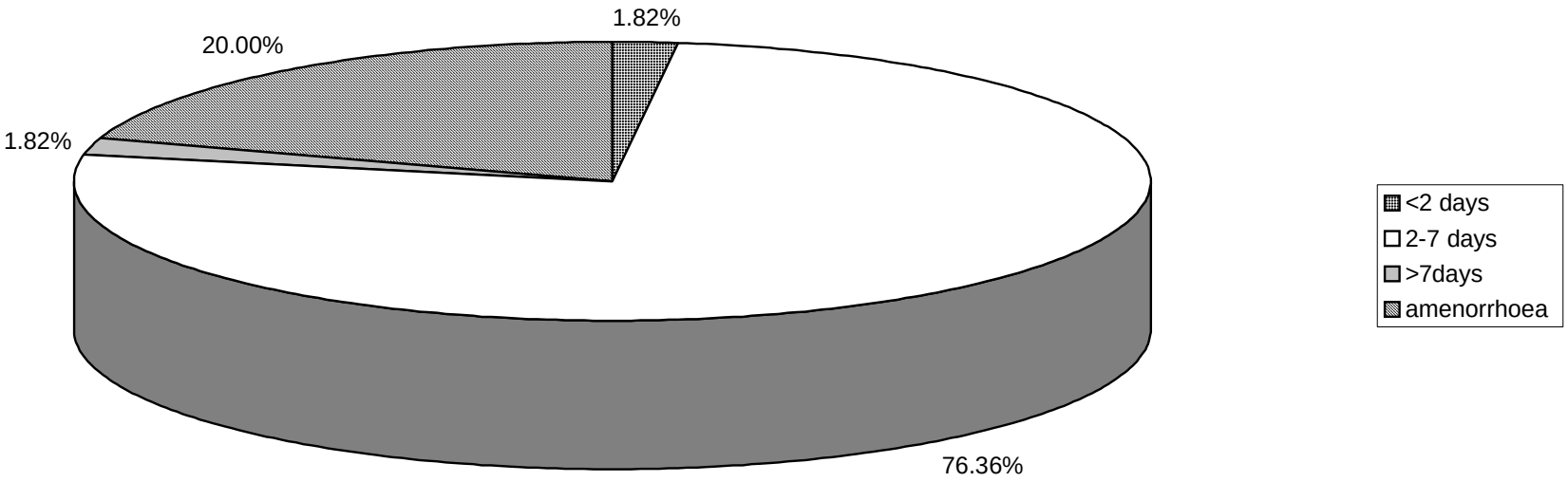


fig. (21) Fears and Convictions Reasons

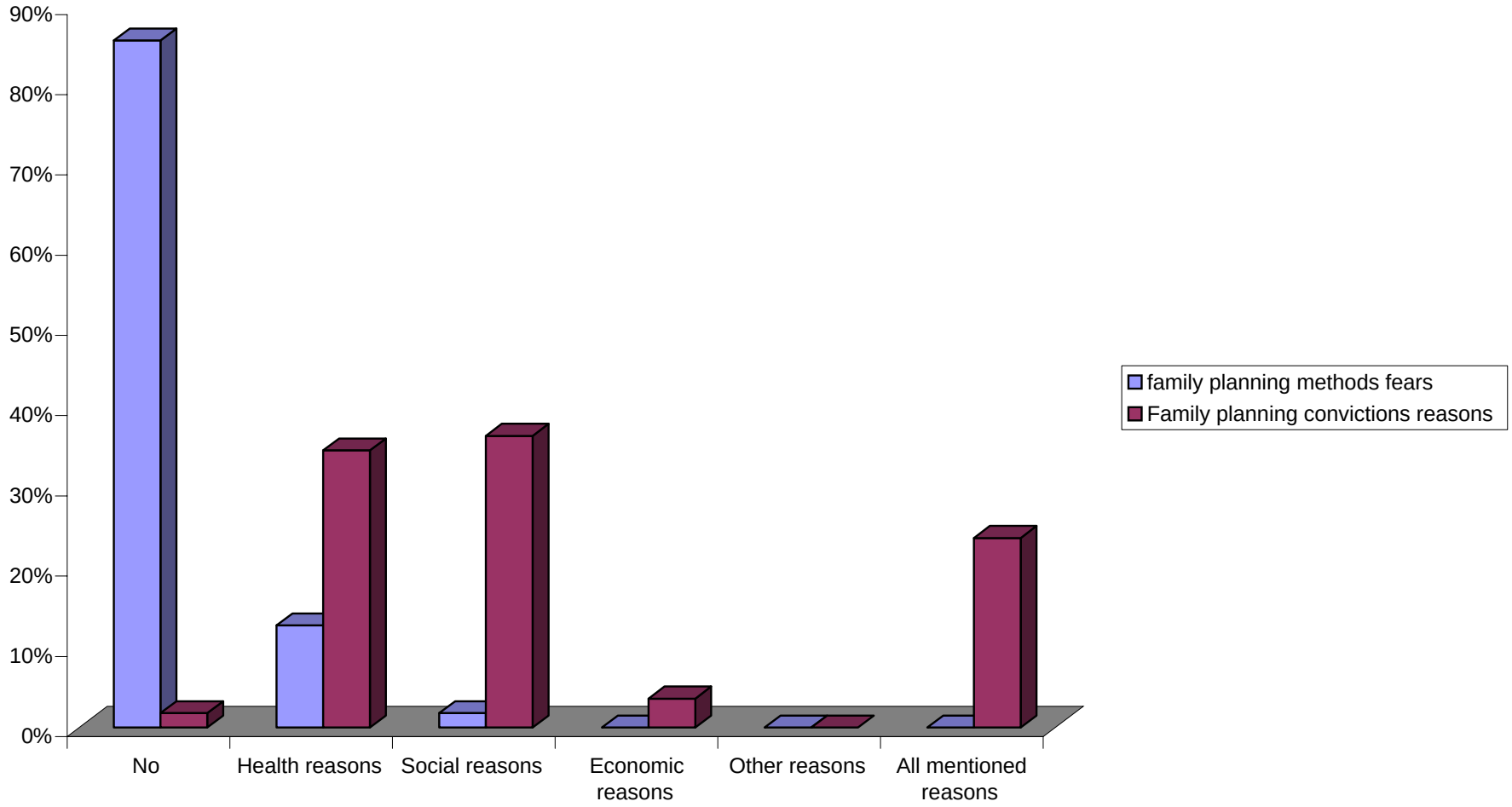


Fig. (22) Preferred and previous family planning method

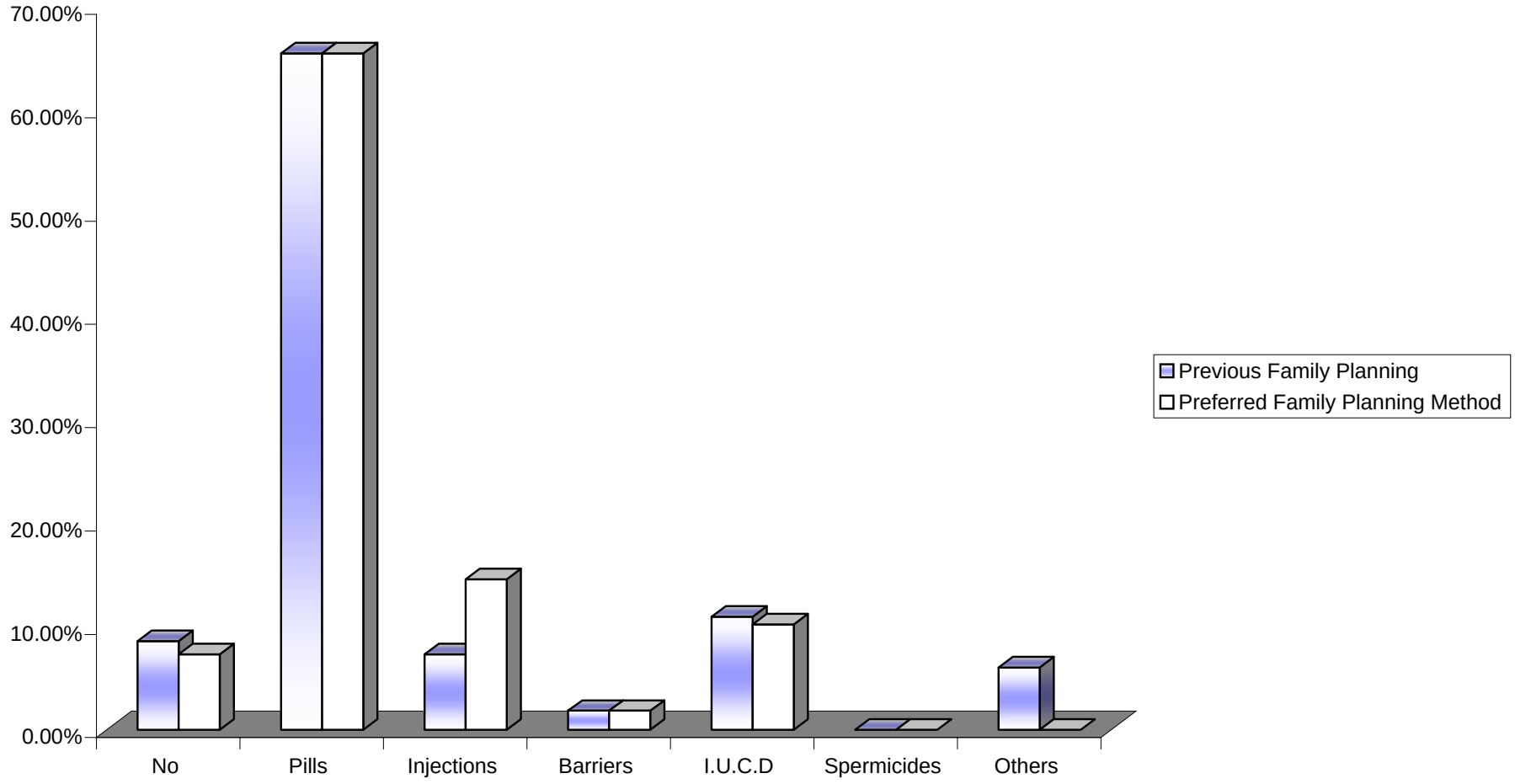


Fig. (23) Past Medical History

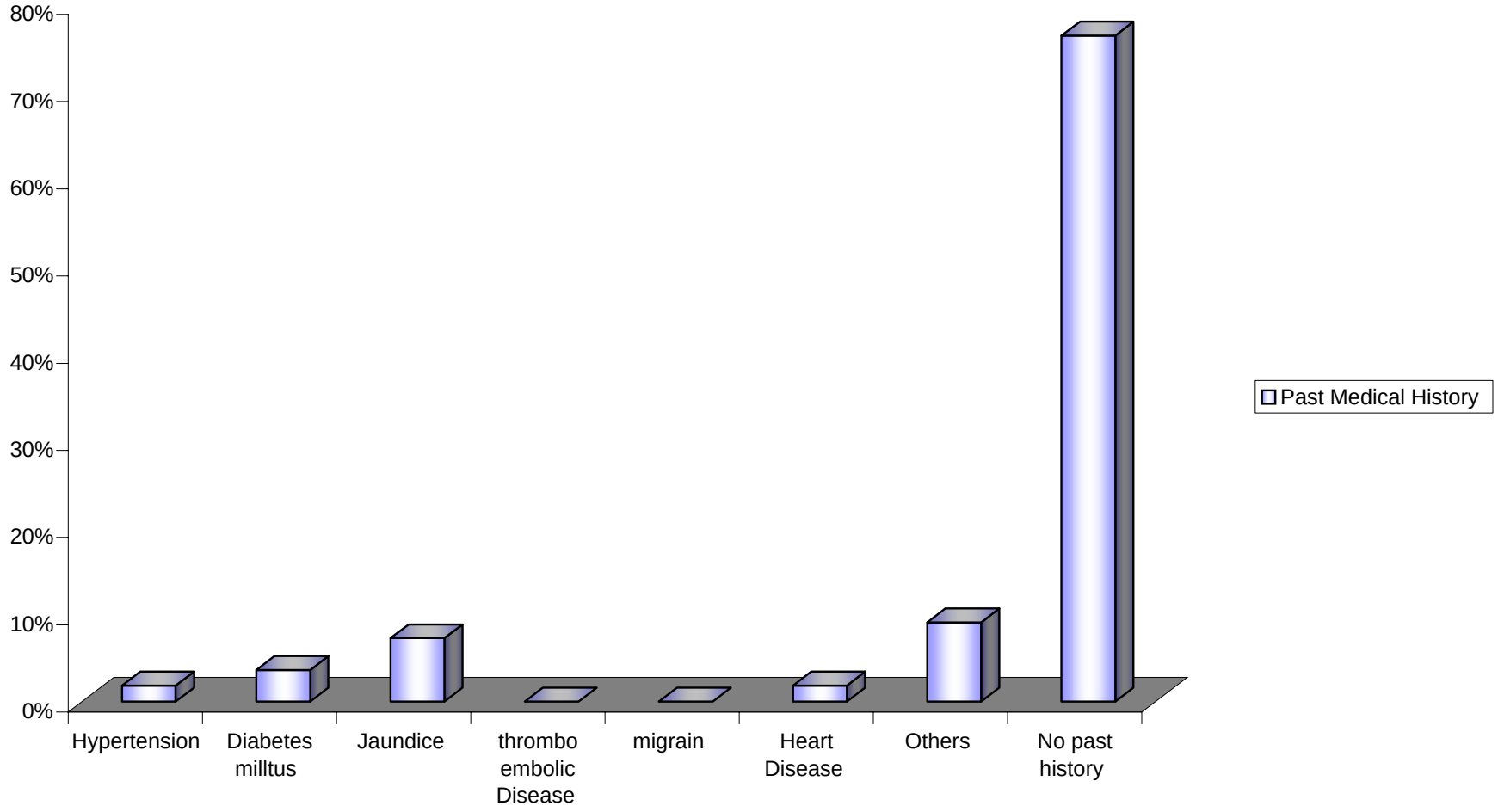


Fig. (24) Complicatins from the previous family planning method

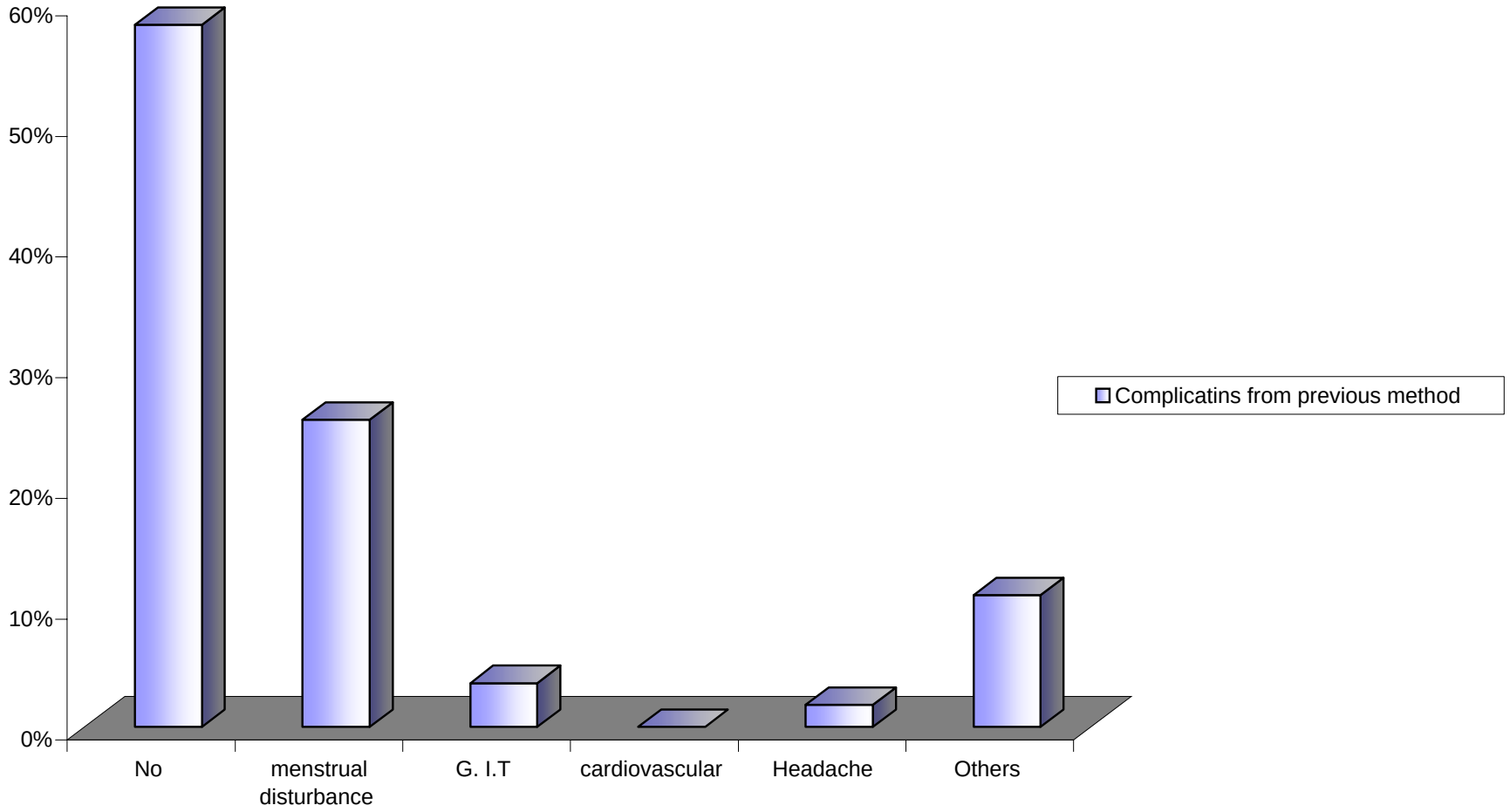
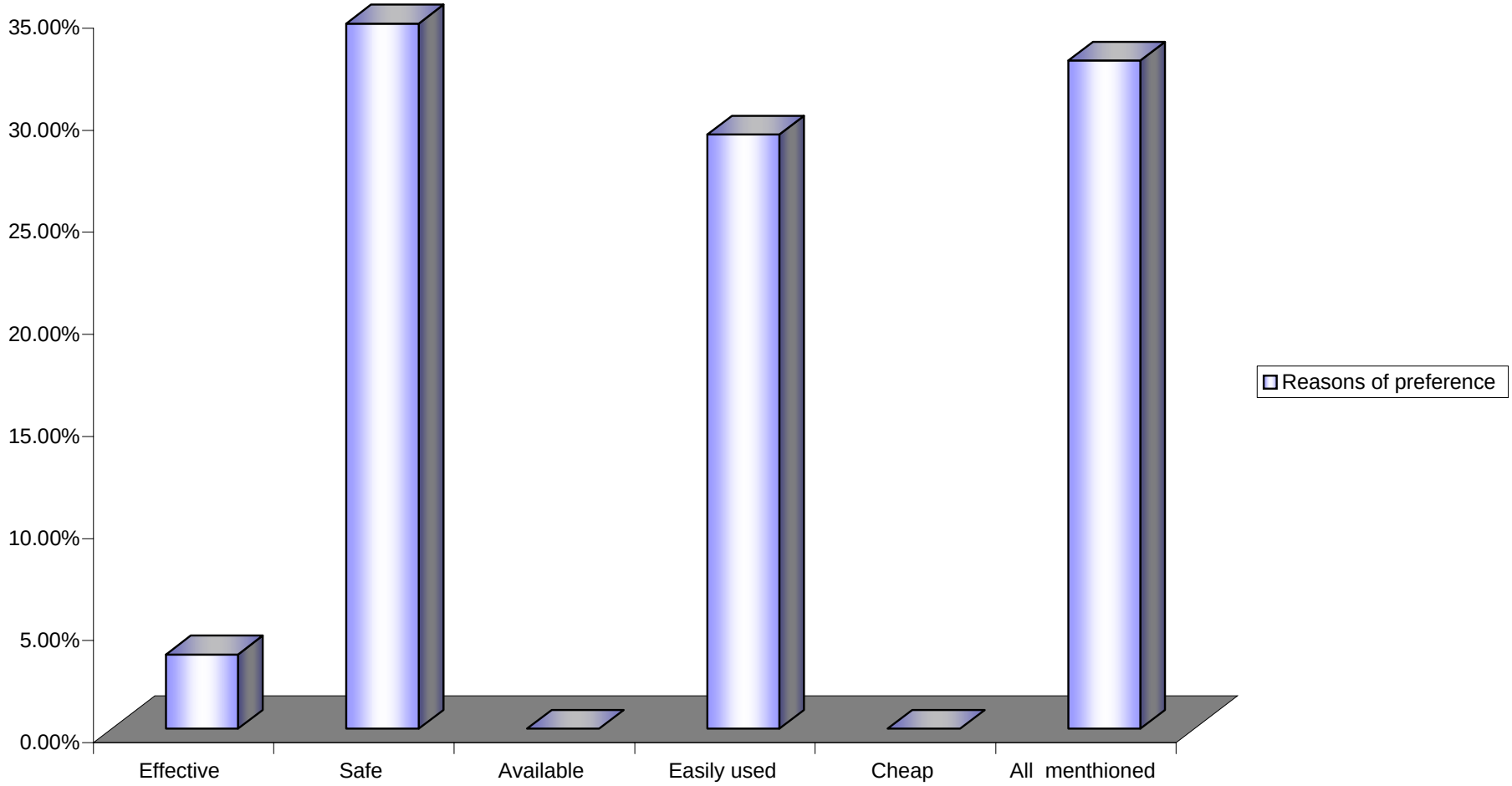


Fig. (25) Reasons of preference of family planning metod



Discussion

Most of the patients fell on the age group (20-29) years this might be due to early marriage especially in the rural parts with their old restricted habits in this respect, so the girl may get married before completing 20 years . So they are {Girls aged (15-19) } twice as likely to die from child birth as women in their twenties(17)

Most of the patients were from central tribes with dominance of Arab tribes, live in rural areas like Abugota , Almasodia , Algadeed athora and suburban areas like Soba -alardi and Soba -Al hilla.

Most of the patients were house wives 81.8% and most of their husbands were unskilled workers 47.3% (drivers , farmers , and building construction workers). The mean family income per month was 302.000 Sudanese Pound, which reflects a low socioeconomic status.

Patients and their husbands received different levels of education about 49.1% of the patients received intermediate education while 58.27% of husbands received secondary education. These findings revealed that the social cultural and economic factors had no effect on F.P concept acceptance.

A good level of education and socioeconomic class can help the patients to have informed choices for themselves without even seeing a family planning provider, so the provider avoids making decisions for patients not interfering with their ability to make choices. In effective counseling for informed choice educated patients play an active role, asking questions, expressing concerns, and participate equally with provider. They can actively seek information about their health and about family planning from mass media and community sources. They can discuss F. P and sex with their husbands, others family member and friends. The study revealed that all patients and husbands were Muslims

(100%), which reflects the influence of Islam in creating awareness about F. P.

More than half of the patients delivered three to six times 50.92% and 10.91% delivered more than six times which indicated that, child – spacing and care of mother health , were the main reasons for practicing F. P. and not the family size . As we know, one of the most frequent risky conditions in pregnancy is having more than four delivers, so the culture, economic and religious factors play a major role.

Most of the patients had regular cycles 65.46% with normal amount, few of them had irregular cycles and Amenorrhea which could be attributed to the effect of progesterone injections (Depo-Provera injection), in addition to some lactating mothers.

Regarding the past medical history three of the patients mentioned rheumatic heart disease to which safe effective temporary methods like P.O. P. nor plant , Barrier and copper IUD should be used. Six of the patients were diabetic, so P.O.P is suitable for them because it has no effect on carbohydrate or lipid metabolism.

A woman should be in good health before becoming pregnant.

- A sick woman needs more nutrients and rest. Although pregnancy is a normal event, it may be an additional burden for her body. Her condition may become worse.
- A sick woman is more likely to have a miscarriage or premature birth.
- A sick woman is more likely to become anaemic and is prone to infection.
- A sick woman is more likely to give birth to a low – birth – weight baby.

Child bearing and contraceptive use are among the most important health decisions, the F. P Ms. Should meet a persons needs, individual desires and values are based on accurate, relevant information and are medically appropriate , so the patient should have an informed choice to encourage them to take more responsibility for their own health.

The study revealed that most of patients had used contraceptive pills previously 65.49% and they preferred to continue on them the causes of preference for the majority were easily used and safe. Most of the patients had no complications 58.18 % but 25.43% mentioned menstrual disturbances.

The study also revealed there was a significant relation ($P < 0.05$) between the level of education, residence, e family income and the method of contraception used. The pills are more likely to be used by the least educated, and those in rural in contrast to IUD which are more common among more educated patients.

Having informed choices encourages continued contraceptive use. Many studies showed that continued use of a contraceptive methods was strongly associated with obtaining the methods that the patient had in mind, and her husband would agree with her choice of method.

About 85-46% of patients said that they had no fears from F. P Ms, while few of them had some fears from the effect of the hormonal methods on their future fertility and menstrual cycles. Three patients mentioned that their husbands had a negative attitudes towards F.P. Ms.

The commonest conviction reasons were health, economic and social reasons.

Conclusion

This study confirm the following :

- F.P is found to be accepted among the different Social, cultural and economic levels .
- Some socioeconomic and demographic factors have strong effect on fertility.
- A good socioeconomic level helps the patient to have informed F.P choice with little help from the service provider.
- Muslim acceptors reflect the influence of Islam in creating awareness about F. P.
- Education and residence affect the birth time.
- Child birth spacing is the common conviction reason for F.P practice.
- Most of the users are convinced to use F.P because of social and health reasons.
- Contraceptive pills are more likely to be used by the least educated and those who live in rural areas.
- I.U.D are more likely to be used by highly educated women.
- Contraceptive pills are the most popular method of F. P.
- More than half of F. P. users had no complications from the previous method of contraception.
- Most of the users had no fears towards F. P. Ms.
- Fears of the Contraceptive acceptors are mainly towards menstrual cycle disturbances.
- A lack of side- effects and effectiveness are the most important consideration determining the popularity of methods with effectiveness being the most desired.

- The attitude of the husband towards F. P. Ms. is important for continuation
- A menorrhea is the primary reason for method discontinuation
- Characteristics of the ideal contraceptive are :
  - Highly effective.
  - No side –effects.
  - Rapidly reversible.
  - Cheap.
  - Wide spread availability.
  - Acceptable to all cultures
  - Administration by health care personnel not required.

Recommendations

1- Ensure that regulations do not restrict contraceptive options.
2- Eliminate all demographic targets, incentive, and disincentives regarding F. P. in national policy.
3- Eliminate restrictions on mass media advertising of contraceptive methods and family planning use, and update them regularly.
4- Give clients their desired family planning method unless it is medically in appropriate
5- Service providers should respect the client decision to switch from one method to another, even if the client switches frequently.
6- Service provider should respect the decision of clients to refuse any or all services.
7- Strength the role of the medical workers, in providing adequate medical information about F. P. Ms.
8- Active male involvement in F.P programs, to give these programs better chance of success, instead of regarding them as silent partners and gate – keepers.

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Socioeconomic and demographic characteristics of F.P acceptors at Soba Family Planning Clinic (31.7.2002 – 31.10.2002)

1. Patient age : ……
2. Husband Age : …….
3. Patient Tribe : ……
4. Husband's Tribe : …….
5. Residence : ……
6. Pt's occupation: ……..
7. Husband's occupation……
8. Pt's religion ……
9. Husband's religion:……...
10. Consanguinity:……
11. Pt's education: ……..……
12. Husband's education:……...
13. Duration of marriage: ……
14. Family income / month: ……..
15. Gravidity:…….
16. Parity:…….
17. Abortion:……
18. No. Of a live birth M:…….. 19. F:……
20. No. Of still births :……
21. No of living children's M….. 22. F……
23. Date of the 1st Pregnancy :……
24. Date of last pregnancy :……..
25. Outcome: ……
26. L.M.P : ……
27. Dysmenorrhoea :……
28. Amount:…….…….
29. Kata : …….
30. P.M.H: ……

31. Fears reasons:

a- No fears b- Health complication c- Social

d- Religious **e- Others** ☐ **Mention …….**

32- Conviction reasons:

a- Not convinced **b- Health** **c- Economic**

d- Social ☐ **e- Others** ☐ **Mention …….**

33. The previous methods of contraception: ……..

34. Complications: ……

35. Preferred method of contraception: ……..

36. Cause of preference: ……..